should state of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

1	1. PLACE OF DEATH					47		
	County	Ä	inne Ar	undel		Registration Dist. No.	1	
Village or City . Crownsville State Hos					State Hos		Ward	
		,				death occurred in a hospital or institution, give its NAME instead of street and n	number)	
	Length of resi	dence in city				s21_ds. How long in U.S. if of foreign birth?yrsmo	isds.	
2	. FULL NA	ME		ie "ddi				
	(a) Residen	ce: No	Balt		ity. Mary			
	DEDCON			(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State	
2 1	PERSON SEX		OR RACE	ICAL PARTI				
	female	bla			RIED, WIDOWED. D (write the word) We d	21. DATE OF DEATH JENUARY 4th (Month) (Day)	, 193 2 (Year)	
5a.	If married, widow HUSBAND of	ed, or divorc						
	(or) WIFE of		Unknow	n		122. I HEREBY CERTIFY, That I attended Harch 14th 1931 to January 4		
6. 1	DATE OF BIRTH	(month, day,	and year)	1871		Hast saw her alive on January 4 ,19 32		
7.	AGE Yea	irs	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7:50P_m.		
	6	1	Unk	nown	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, NONE SAWYER, BOOKKEPER, etc.					Cerebral arteriosclerosis		
OCCUPATION	9 Industry or	husiness in	which					
U.S.	work was done, as SILK MILL, SAW MILL, BANK, etc.							
S	10. Date deceased last worked at this occupation (month and spant in this							
	year)			000	upation	Other Contributory Causes of importance:		
12.	BIRTIIPLACE (ci	ty or town)	Mer	yland		Senility	?	
	(State or cour		7 7 03	-				
FATHER	13. NAME	A	leck T				-	
ATF	14. BIRTHPLACE	(city or tow	m) Mary	land		Name of operation Date of		
-	(State or	country)				What test confirmed diagnosis?	iutopsy?	
MOTHER	15. MAIDEN NA	ME	Charlo	tte add	ison	23. If death was due to external causes (VIOL ENCE) fill in also the following		
0	16. BIRTHPLACE		m) Mar	yland		Accident, suicide, or homicide? Date of injury	, 19	
Σ	(State or	country)				Where did injury occur? (Specify city or town, county and State		
17.	INFORMANT		ital R		ervland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.	
18.	BURNL CREMAT			100L	0 1	Manner of injury		
	PHORE	wi	TR /	Date /	u 8,1931	Nature of injury		
10	HOIDEDTAKE	An.		224	111.00.	24. Was disease or injury in any way related to occupation of deceased?		
19.	UNDERTAKE (Address)	37	1871	idde	De la	If so, specify		
	Base	6/	32 9	-6c 2	ma gless	(Sign d) WWW / MM/ENG-	M. D.	
20,	20. FILED Registrar.				Registrar.	(Address) Crownsville, Marylan	C b	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week aga
July 5,1927	Peritonitis	3 days aga
	Other contributory causes of importance:	
May 1,1923	Gastraenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	I SI ACII I	OR FURTILL	t Diztini	TILD DE LE	T DI CILLI	

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	34
County Anne Arundel	Registration Dist. No.
Village or City Craumsville State Hospit	No. St., Ward
Length of residence In city or town where death occurredyrs,Omos	death occurred in a hospital or institution, give its NAME instead of street and number) S. 29 ds. How long In U. S. if of foreign birth?
2. FULL NAME Daniel Alexander	
(a) Residence: No. At Large	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a. SEX Male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, control of the word) 3. SEX 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, control of the word)	21. DATE OF DEATH January 8th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended deceased from
ממסר	December 10, 1930, to January 8, 19 32
6. DATE OF BIRTH (month, day, and year) 1877 7. AGE Years Months Days If LESS than	I lest saw h. 1m. alive on Damiary 8th., 19.32; death is said to have occurred on the date stated above, at 6:50P em.
55 Unknown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows: Cerebro-spinel syphilis Date of onset
kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc.	- verence-spiner syphilis
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	
# 13. NAME Hampton Alexander	<u> </u>
Hampton Alexander 14. BIRTHPLACE (city or town) Virginia	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Lizzie Young	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lizzie Young 16. BIRTHPLACE (city or town) Maryland (State or coupling)	Accident, suicide, or homicide? Date of injury, 19
(State of Cosmity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital Records (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Date 1992	Nature of injury
19. UNDERTAKER WAL P Weiler ole droff (Address) Walerburg	24. Wes disease on injury largery way related to occupation of deceased?
20. FILED 11-3 , 193 T Registrar.	(Signed M. D. (Address) Gro. nsville
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEE 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.	(control)		
	1		
Other contributory causes of importance:		Other contributory causes of importance:	12 6
Gallstones	May 1,1923	Gastroenteritis	1 year

2	ECORD.	PHYSIC	xact state	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. I	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	rtificate.
ED F	HIS IS	he st	he pr	eo Jo
RESERV	G INK-T	GE should	that it may	ns on back
MARGIN	'H UNFADIN	y supplied. A	ain terms, so t	TION is very important. See instructions on back of certificate.
	AINLY, WIT	d be carefull	DEATH in pl	y important.
0. 1	-WRITE PL	mation shoul	CAUSE OF	TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH (0110)
1. PLACE OF DEATH	(3)
County Mine Mrandel	Registration Dist. No. 26
Village or City Churchlin	No. St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Caleb H Ballard	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Local S. Single, Marked, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 2931, to 2, 1932
DATE OF BIRTH (month, day, and year)	I last saw have alive on Ale 28 , 193(; death is seid
AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3,11 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perlicular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and Mul. 1931 spant in this year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME AND BALLRUA	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME ALAMANA	What test confirmed diagnosis?
16. BIRTHPLACE (city er town). (State or country) 7. INFORMANT Joshua Ballang	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
8. BURIAL, CREMATION, OR REMOVAL Place Tranklin Cen. Date Jan 5 1932	Manner of injury
9. UNDERTAKER Attackely Ma	Nature of Injury 24. Wes disease or Injury In any way related to occupation of deceased?
10. FILED Jan 4 , 1932 Ges Dent MA Registrar.	(Signed) Sey Denk M. D. (Address) Ruchlore M. R.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
	1 week ago
Peritonitis	
Other contributory causes of importance:	
Gastroenteritis	1 year
_	

(if death occurred in

a hospital or institution, give its NAME is stead of street and

number.)

MARGIN

PLACE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Solesman; (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, ('ompositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile foctory. The materia especially in industrial employments, it is neces-For many occupations a without more precise specification as Day If the occupation has been changed single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-(secondary use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Example: Measles (disease Nomenclature of the Measles;

If this certificate is rooked over thoroughly and a'l questions answered in detail, will present furthe correspondence. All the data is essential and the detail before the certificate is permanently find.

GUIT STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20 Village or City (If death occurred in (No. St.: Ward) a hospital or institution, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 192 - to. (Month) (Day) (Year) and that death occurred on the date stated above, at .. 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory Secondary (State or country) 10 NAME OF (Signed) FATHER 0 19232 (Address) VITE 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in のこ (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME r 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place 00 OF MOTHER (State or country) Where was disease contracted. if not at place of dea.h?... Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) A 10 ADDRESS Filed If more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

MARGIN

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changes guged in domestic service for wages, as Scruant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, inges, perilonaeum, etc., Carcinomu, Sorcoma, etc., of carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on accident; Revolver wound of head-homicide; Porsoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need etc. The contributory valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH		(21)	
County CU. Cle	40.	Registration, D	ist. No. 21
Village or City Lemm	(1	No. Control of death occurred in a hospital or institution, give its NAME	
2. FULL NAME Carry	a death occurred yrs mo	ds. How long in U.S. if of foreign birth?	mosds
(a) Residence: No. 59	(Usual place of abode)	St., Ward. If nonresident gi	ve city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)	(Day) (Yeer)
(5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Boston.	22. PINEREBY CERTIFY	That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	Musen 10-1908	11 st saw h alive on Yaca . 2/1	, 14,792; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1	P.m.
23 10	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Lung Inforcter (1)	7 Lide / Paus
SAW MILL, BANK, etc.	Onesho:		183
0 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) (State or country)	napolis.	Other Contributory Causes of importance:	
13. NAME Henery	Holland.		· processory
14. BIRTHPLACE (city or town)(State or country)	Rnous	Name of operation Merchanty - M	Data of 1/22/
15. MAIDEN NAME /900	green.	23. If death was due to external causes (VIOLENCE) fill	- 11
15. MAIDEN NAME / Y O D O STATE OF THE STATE	unapolio		ate of injury, 19
17. INFORMANT CAMPUS (Address) 39 Color	Cufly.		own, county and State) E, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mpate Jan 29,19 3 :	Manner of injury	
19. UNDERTAKER Oheo G. (Address) 34 House	Hicks	24. Was disease or injury in any way related to occupat	ion of deceased?
20. FILED Jan 28, 19 3 2 \$	right of John	(Signed) USENTA: UM	dersen M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	IN CELVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FEB 3 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory c	auses of importance:		Other contributory causes of importance:	Shiday	
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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S. No. 1

Date of onsat

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Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage DUREAU V 9	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

Co	ounty C	L.W			Registration Dist. No. 2	
	llage or City Q		bolio	and (II	No. State General Tour St., 3 death occurred in a hospital or institution give its NAME (material of street and number)	_Ward
	ngth of residence in c	ity or town Where	eath occurred	& Br	ds. How long In U.S. it of foreign birth?yrsmos	ds.
(a)) Residence: No.	4	<i>V</i>		St, Ward.	
PI	ERSONAL AN	ID STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX		OR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	
M	N	V		D write the word)	Jan. 25 1937	(ear)
5a. If marr HUSE (or)	ried, widowed, or div BAND of WIFE of	orced			22. I HEREBY CERTIFY, That I attended decease	ad from
6. DATE O	OF BIRTH (month, da	y, and year)	an 23	-1932	I last saw harm alive of land Jan 25, 19 32; death	is said
7. AGE	Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 1. 1. T. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Tr	rade, profession, or p kind of work done SAWYER, BOOKKE	particular , as SPINNER,		ormin.	were as follows: Date:	25
OCCUPATI TO DE	idustry or business i work was done, as SAW MILL, BANK,	n which			(Full term)	
00 Da	ate deceased last wo this occupation (mo yaar)	rked at	spe	ime (years) ntin this upation		
	IPLACE (city or town tate or country)	anna	folis	and	Dither Contributary Causes of importance:	
1	1	carles	Bras	ly	Trolongeff tables	4
13. NA 14. BI	RTHPLACE (city or t (State or country)	St m	arys (es and	Name of operation Oate of 25 What test confirmed diagnosis? Clinical Was there on au'opsy	13:
r	AIOEN NAME Z	Fuel	· Be	all	23. If death was due to external causes (VIDLENCE) fill in also tha following:	
16. BI	RTHPLACE (city or t (State or country)	Own)	spoles	- ma	Accident, suicide, or homicide? Data of injury, IS Where did injury occur?	9
17. INFDRI	MANT Cah	aloli	Bras	ly .	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.	
4	L, CREMATION, DR		Oate	26 32	Manner of injury	
19. UNOER	-	TH	offon	19 N	24. Was disease or injury in any way related to occupation of deceased?	
	ddress) Com	najor	116 9	In com	If so, spacify (Signad) 9 William Martin	M. D.
20. FILED	A	192 - 7	1	Registrar	(Address) Quality or flat you	Or.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN PLAINLY, ITH UNFADIN f Information should be car	MARGIN RESERVED FOR BINDI	IG INKTHIS IS A PERMA	efully supplied. ACE should in plain terms so that it may
ш о	MARGIN	E PLAINLY, ITH UNFADING INKTHIS IS A PERMA	n of Information should be carefully supplied. ACE should noted state CAUSE OF DEATH in plain terms so that it may

V. S. No. 1

N. B.-

PLACE OF DEATH County anne arenda	STATE OF MARYLAND CERTIFICATE OF DEATH
County and amude	Registration Dist. No. 2 6
Village or City Shadyide (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED CONTROL Write the word)	16 DATE OF DEATH AN 26 , 192 2
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 26, 1932 (Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Stilling If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)ds. Contributory Secondary
(State or country) Q. Q. Country Ind. 10 NAME OF FATHER Carl Brolin 11 BIRTHPLACE OF FATHER (State or country) North Dahota	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) WW York State	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trenscients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) (and Brokin	if not at plece of desth? Former or usual residence
(Address) Flied July 1 Sent 110 Filed Jan 27 1982 Ger Registrar	Weems Comolory Jan 29, 1932 20 UNDERTAKER While ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coat mine, eve. wour-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman, For persons who have no occupation-(b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the pist EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

causing "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

FEB 5 19

certificate.

See instructions on back of

TION is very important.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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6	U	1	.li	Ö

:	1. PLACE OF	F DEATH				97)	
٠	County	Anne	aru	ndel		Registration Dist. No. 21	
						to No. St., death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
	2. FULL NAI	ME OS	scar	Brown			
		TT		more Ci (Usual place		St., Ward. If nonresident give city or town and State	
1	PERSON	AL AND STA	TISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	ma le	4. COLOR OR RA black	CE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 4th (Month) (Day) (Yo	2
5a	. If married, widow HUSBAND of (or) WIFE of		nown			22. I HEREBY CERTIFY, That I attended decease December 5, 19.31 _, to January 4, 19	
6.	DATE OF RIRTH (month, day, and year	()	1857		liast saw h. im alive on January 4 1932; death	
	AGE Yea 75	rs Moi	nths Unkn	Days OWN	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, a 2 1 0 P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	fonset
LION	8. Trade, profession, or particular kind of work done, as SPINNER, UNKNOWN SAWYER, BDDKKEEPER, etc.					General Arteriosclerosis ?	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Ĺ,				
00	this occup	ed last worked at pation (month and		spe	ime (years) nt in this upation		
12	BIRTHPLACE (cit (State or cour		Unk	n own	~~~~~~~~~~	Other Contributory Causes of importance: Senility ?	
ER	13. NAME	Unk	no wn				
FATHER	14. BIRTHPLACE (State or	(city or town) country)	Un	known		Name of operation Date of Was there an autopsy?	
IER	15. MAIDEN NA	ME Unkn	own			23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State or	(city or town)		nknown		Accident, suicide, or homicide? Date of injury, 19	
17	. INFDRMANT	Hospit:			and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMAT	ION, OR REMOVAL	mol	Day /-	7- 1052	Manner of injury	
19	19. UNDERTAKED R. P. Wandervie Rufes (Address)					24. Was disease or injury in any way related to occupation of deceased?	1
20	FILED '->	- 3,75	8	SON	6 Kegistra	(Signed) (Address) Crownsville, Maryland	y.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones	May 1,1923		1 year
13			

STATE OF BUILDING

MARCHO -

FEB 5 1932

BUREAU V. S.

The American Pro-

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A ALCOHOLOGICA CONTRACTOR AND A CONTRACT

V. S. No. 1

1. PLACE OF DEATH	OF MAR	YLAND—	CERTIFICATE OF DEATH	U
County Anne Arunde	el		Registration Dist. No. 21/	
		ete Hosp		
Thomas .		yrs mos		ds.
2. POLL NAME		t- :=		
(a) Residence: No. 1.0116.8	Omery Co (Usual place)		St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX female 4. COLOR OR RACE black		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH January 17th, (Day) (Oay)	2 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attended decea	sed from
(or) WIFE of				1932
6. DATE OF BIRTH (month, day, and year)	1892		last saw her alive on January 17th 1932; dea	th is said
7. AGE Years Months 40 Unit	Days Known	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12:10P. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti		Epilepsy 1	b yr
12. BIRTHPLACE (city or town) Mary (State or country)	loccu	pation	Other Contributory Causes of Importance:	
当 13. NAME Samuel W. I	Budd			
(State or country)	/land		Name of operation Date of What test confirmed diagnosis? Was there an autops	sv?
State or country)	/land	uirrell	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Hospital Rec (Address) Crownnsvil		Jland	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Pate 1/2	W 1939	Manner of injury	
19. UNDERTAKER OF G. H. M. (Address) 20. FILED S. J.	ung m	Le Suff	24. Was disease or injury in eny way telated to occupation of deceased? If so, specify (aligned) (Address) GP Sympatille. It rylend.	м. р

If more blanks are needed, deres State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	ohrilis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	FEB 3 1932	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
-					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

ECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. UNFADING INK-THIS, IS A PERMANENT properly classified. MARGIN' RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

See instructions on back of certificate.

TION is very important.

(Addrass)

20. FILED/4

V. S. No. 1

OCCUPA-

1	ST L PLACE OF DEAT		F MAR	YLAND-	CERTIFICATE OF DEATH 66121			
	County Ann	-			Registration Dist. No.			
	Village or City	Crownsv	rille St	ate Hosp) it sNd St., V If death occurred in a hospital or institution, give its NAME instead of street and number)	Vard		
	Length of rasidenca in city	or town where de	eath occurred		s. 6 ds. How long in U.S. if of foreign birth?yrsmos	_ds.		
:	2. FULL NAME	Louise	Butler					
	(a) Residence: No	Prince	George (Usual place	's Count	St., Ward. If nonresident give city or town and State			
	PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
		or race		RIED, WIDOWED, (write the word) Led	21. DATE OF DEATH January 5th (Month) (Day) (Year	2		
_	. If marriad, widowad, or divore HUSBAND of Cor) WIFE of Th	iomas 3	tler		22. I HEREBY CERTIFY, Thet I attended deceased December 29, 19, 31, to January 5, 19, 32; deeth is	32		
_	AGE Yaars	· Months	Days	If LESS than	to have occurred on the data stated above, at 6:50 Ame M.			
	25	Uhkko	wn	1 day,hrs. ormin.	were as follows:	nnet		
NOIL	8. Trada, profassion, or par kind of work dona, a SAWYER, BOOKKEEP	s SPINNER.	Domes	stic	Exhaustion due to prolonged Date of T			
OCCUPATION	9. Industry or business in work was dona, as SI SAW MILL, BANK, et	which LK MILL,						
000	10. Deta deceesed last work this occupation (montyear)	ad at th and	11. Total ti spen	me (years) it in this pation				
12	BIRTHPLACE (city or town) (State or country)	Marylar	nd		Other Contributory Causes of importance: Psychosis (type undetermined)	?		
ER	13. NAME	Unknown	1					
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) Unknown (Stata or country)					Nama of oparation Date of What test confirmed diagnosis? What test confirmed diagnosis?			
HER	15. MAIDEN NAME	Unknov	un		23. If daath wes due to external causes (VIOLENCE) fill in also the following:			
MOTE	16. BIRTHPLACE (city or tow (State or country)	/n)	Unknov	vn	Accident, suicide, or homicide?			
17	.INFORMANT Hospi (Address)			Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			

If so, specif

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury Natura of injury

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1 2 2 4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat VPA	1. PLACE OF DEATH	(P)
\#\ \#\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	County Cl. Co. Mil	Registration Dist. No. 2
show of O	Village or City Queeustown	No. St., Ward
/		death occurred in a hospital or institution, give its NAME instead of street and number)
INS ent	Length of residence in city of my where death occurred mos	Aow long in U.S. if of foreign birth?
Ev CIA	2. FULL NAME Selece / Marya	xaurres
RD. Every YSICIANS	(a) Residence: No. Alleuslove	St, Ward.
_ = = =	(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
× ×	SEX / 4. COLOR OF RACE / 5. SINCLE MARRIED, WIDOWED.	21. DATE OF DEATH
Ex. —	OR DE CED (forite the word)	161 8 ,193 2-
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDING ERMANEN EXACTI y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended depased from
	101/0	Jan 1937, to free 1902
B) FE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. alive on 1932; death is said
FOR BI	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
FC IS sta pro pro	ormin.	were as follows: Data of onset
- 10	8. Trade, profession, or particular kind of work done, as SPINNER, NONE SAWYER, BOOKKEEPER, etc.	mala 21d 1
VE		burn of Read and
K-T nould may back	9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I lode De l
RESERVED G INK—THIS GE should be that it may be ons on back of	10. Date deceased last worked at this occupation (month and spent in this	June ()
REST ING I AGE that	year) occupation	Other Coutributory Causes of importance:
Z	12. BIRTHPLACE (city or town)	11.8
MARGIN UNFADI supplied. n terms, so	(State or country)	Suoa Contraction
MAR UNI suppli n tern ee ins	13. NAME 14. BIRTHPLACE (city or town)	
MAH UH U	14. BIRTHPLACE (city or town)	Name of operation
1 4 4	(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
W Wefre in ant	15. MAIDEN NAME COUNT 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
NLY, be car ATH nport	State of country)	Accident, suicide, or homicide a Callery Date of injury There 5, 19 //
AINLY d be co DEATH	(State of Spany))	(Specify city or town county and State)
PLA; hould OF DI	17. INFORMANT (Address)	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
Should OF D	18, BURLAC, REMATINA, OR REMOVAL	P
	photestrul /MA Date Juliony 10,31	Nature of injury 222 830 Comes of front
-WRITE mation s	Seed of Alle	
T I E O E	19. UNDERTAK	24. Was disease or injury In any way related to occupation of deceased?
S. No.		If so, specify (Signed) albust 14. O oggs gr Con
5 7	20. Firefly 10 , 198 4 mm Me Cost of Received	(Address) Clan Burney And
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bourmore, Requesting U. S. No. 1.

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		λ		

	CECORD, Every	PHYSICIANS	xact statement
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
RESERVED FO	G INK-THIS IS	GE should be sta	hat it may be pro
MARGIN 1	TITH UNFADIN	ully supplied. A	plain terms, so t
)	E PLAINLY, W	should be caref	OF DEATH in
1	-WRIT	mation	CAUSE

ICIANS should state of OCCUP.

Every item

1. PLA Cour

2. FUL (a) PE

3. SEX male

certificate.

Jo back

See instructions on

TION is very important.

S. No. 1

OCCUPATION

FATHER

MOTHER

20. FILED

5a. If marrie HUSBA (or) WI

6. DATE OF 7. AGE

8. Tred

1Q. Date

12. BIRTHP (Stat

13. NAW

Villa Lengt

ST.		MARY	/LAND-	CERTIFICATE OF DEATH	23
•	Anun lel			Registration Dist. No.	7
,			Boo Hoc.	death occurred in a hospital or institution, give its NAME instead of street and n	Ward
h of residence in city o	or town where death	occurred_5_	yrs8mos.	14 ds. How long in U.S. if of foreign birth?yrsmo	sds.
L NAME	James Wa	shingt	on Carro	11	
Residence: No.	re Arun	del Co (Usual place o	unty, Lie	If nonresident give city or town and	State
RSONAL AND	STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE Dlack 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single				21. DATE OF DEATH January 27th (Month) (Dey)	, 193_2 (Year)
d, widowed, or divorce ND of FE of	ed	- 100 100 100		22. I HEREBY CERTIFY. That I attended of May 13th 19 26, to January 27.	th9.32
BIRTH (month, day, a	nd year) 18	56		Hest sew h. im. alive on Julia 27th 1932	; death is sald
Years 76	Months Unlin	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11: 154m. M. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of gnset
e, profession, or parti lind of work done, as SAWYER, BOOKKEEPE	SPINNER, Y	ardman		Broncho pneumonia	6 das
stry or business in w work was done, as SIL SAW MILL, BANK, etc.	K MILL,				
deceased last worker his occupation (month rear)	and	11. Total tid span occu	me (years) tin this pation		
ACE (city or town)	l.Ta	ralend		Other Cantributary Causes of importance:	
	nown				

14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Wes there en autopsy? 15. MAIDEN NAME IInkna m 23. If death was due to external causes (VIOLENCE) fill In elso the following:

16. BIRTHPLACE (city or town) ... (State or country)

Lecords (Address) 18. BURIAL, CREMATION, OR REMOVA

19. UNDERTAKER (Address)

Registrar.

Manner of injury Nature of injury

Where did injury occur? ...

24. Was disease or injury in any way related to occupation of deceased?

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?

(Address) O. I.SV 1

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Chronic interstitial neg	hritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	RUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:	5	Other contributory causes of importance:	P. I ST	
Gallstones		May 1,1923	Gastroenteritis	1 year	
			1.4		

STATE OF MARYLAND

si-	PLACE OF DEATH	00124	STATE OF M	IARYI AND
HX	County M. a. Co.		ERTIFICATE	
ed.	A		Registration D	ist. No. 22
Cate.	Village or City Norsey (No.	2 / 00	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
5.5	2FULL NAME MANUE V.	ockrall		number.)
ated E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE O	F DEATH
uid be st ay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	Jan. 24	th 1932 (Day) 1932
it m	6 DATE OF BIRTH (Month) (Day) (Year)	Jan. 2100	RTIFY, That Latte	nded the defeased from 4.245 , 1932
ms so that nstructions	7 AGE 76 yrs. 9 mos. 4 ds. or min.?	and that death occurred The CAUSE OF DEATH *	on the date stated a	17300
suppin ter	B OCCUPATION (a) Trade, profession or Retired Farmen.	Haemon	hogs.	
refully in pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	PR	(Duration)	yrs. mos 3 de.
be caref EATH in importa	9 BIRTHPLACE (State or country)	Contributory Secondary	(Durstign)	У
OF D	1D NAME OF FATHER Las, Cochrell	(Signed) 11	Address) Son	ripley Mil
AUSE ION IS	OF FATHER (State or country)	*State the Disease Violent Causes, state Accidental, Suicidal or H		or, in deaths from ry and (2) Whether
e C/PAT	(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDI	ENCE (For Hospits	
Inford state	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmos	ds. In the State.	yrsmosds,
oulc oulc	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracte if not at place of death?	ca,	
sh	(Informant) Howard H. Wollman	Former or usual residence	0 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 * 4 *	~ 400 d TT Chiro Ann Indonésia d 1974 a a 1770 a an 197 4 a 1974 a a
Every CIANS Statem	(Address) Dorsey, W.	3 PLACE OF BURIAL OF	ery,	au 26, 19 3
906	Filed any 24 1932 Clara W Haship	26 UNDERTAKER WM J. Dicky	en + Son	Collegs Parare.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

RECORD

PERMA

A

ITH UNFADING INK-THIS

PLAINLY

WRITE

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, laborer, whatever, write None. business, that fact may be indicated thus; Farmer (16or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, fulness of various pursuits can be known. worked on may form part of the second statement. ," etc., without more precise specification as Day Foreman, Or. For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman, Locomotive not gainfully em-(b) Grocery; The quesengineer,

Statement of Cause of Death—Name, first, the prismass causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebross: inal meningitis"); Diphtheria (avoid use of "Croup"); Spinhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association. approved by as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., causing death), 29 ds.; L Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), etc. affection need valvular heart The contributory Always qualify all Measles ; not be disease;

If this certificate is looked over thoroughly and all questions abwered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

FEB 5 10:

. No. 1

should state item of inforOSCUPA-

of

1	STATE OF	MARYL	AND	CERTIFICATE OF DEATH			
1	. PLACE OF DEATH			93·c)			
	County Anne Arundel			Registration Dist. No.			
	Village or City Annapolis			No. 170 Gloucester St., 2nd Ward death occurred in a horpital or institution, give its NAME instead of street and number)			
	Length of residence in city or town where death of	occurredy		death occurred in a norpital of institution, give its IVANIE instead of street and number) ds. How long in U.S. if of foreign birth?			
1	2. FULL NAME John W. Co	onnolly					
	(a) Residence No. 170 Gloud	Cester (Usual place of abo	ode)	St., 2nd Ward. If nonresident give city or town and State			
	PERSONAL AND STATISTICAL	PARTICUI	LARS	MEDICAL CERTIFICATE OF DEATH			
	Male White	INGLE, MARRIED, R DIVORCED (wr Married	rite the word)	21. DATE OF DEATH (Month) (Year)			
5a.	If married widowed, or divorced HUSBAND of (or) WIFE of Catherine E.M.	Connol	Lly	22. January 2,1932, to January 9, 1932			
6.	DATE OF BIRTH (month, day, and year)	1 6. 18	343	1 Jast saw hom alive a farmary 8, , 1982; death is said			
7.	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at			
	88 9	3 or.	rain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset			
Z	kind of work done, as SPINNER.	U. S. N	tchman	munearlitie Planning			
OCCUPATION	SAWYER, BOOKKEEPER, etc		•	ingo areas somonics:			
000	Do Date deceased last worked at this occupation (month and year)	11. Total time (y spent in t occupation	this				
12.	BIRTHPLACE (city or town) Ireland (State or country)			Nemplegia (24) Sick Orthwel 1922 Remarkage			
ER	13. NAME Richard Connol	lly					
FATHER	14. BIRTHPLACE (city or town) Irela	and		Nama of operation. Date of. What test confirmed diagnosis? Was there an aulopsy? 720			
ER	15. MAIDEN NAME Unknown			23. If death was due to external causes (VIOL ENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (city or town). Unkr	10 WM		Accidant, suicide, or homicide?			
17.	INFORMANT Mrs. Catherine (Address) 170 Glouces	E.M.Co	nnolly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18	BURIAL, CREMATION, OR REMOVAL Placa Cedar Bluff Da	te Jan. 1	2,,19 32	Manner of injury			
19	UNDERTAKER John M. Taylo (Addiess) Annapoli	r s, Md.		24. Was disease or injury in any way related to occupation of deceased?			
20	FILED an 10, 1932 fray	· c. g	Registrar.	(Signed) 179. Madyler M. D. (Address annapolis, md M. D.			
	If more blanks	are needed, address	State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arleriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

Date of enset.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	THE LET
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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(Address)

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	127
1. PLACE OF DEATH			
County Anne Arunde	1	Registration Dist. No. 21	
Village or City nr Jacob		No. St., St., St. NAME instead of street and nu	War
		sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME (Stillb	orn infant) Doug	las	
(a) Residence: No. Same	(Usual place of abode)	St., Ward. If nonresident give city or town and S	Stale
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX COLOR OR RACE negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 29th (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended do	eceased fro
(or) WIFE of		, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I last saw h elive on, 19; to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	death is sai
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stillbirth (premature)	
12. BIRTHPLACE (city or town) IT J		Other Coutributory Causes of importance:	
# 13. NAME Ben Mason			
14. BIRTHPLACE (city or town)		Name of operation Dete of What test confirmed diagnosis? Was there en au	
# 15. MAIOEN NAME Emma Do		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	A.A.Co.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Emma Doug	las adena, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Magothy		Manner of injury	
19. UNDERTAKER Ben Mason		24. Was disease or injury in any way related to ecupation of deceased?	

Registrar.

Pasadena,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	[]	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3 1932	July 5,1927	Peritonitis	3 days ago
BURFAU V.S.		\$	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorisation to change sex per correspondences under "Breis" + Teas" 13/6/32 + 1/12/35 Dr. Callenson

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.)

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from that I last saw h __alive on _____, 192...., and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration)

*State the Disease Cauling Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

DATE OF BURIAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need valvular heart disease; Nomenclature Always qualify all not be

American Medical Association.

If this certificate is looked our thoroughly and all questions answered in detail, it will not no further concepondence. All the data is esseptial and rout be obtained before the certificate is permaneutly filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town-where death occurred How long in U.S. if of foreign blrth? _____yrs. ____mos. ____ds. PHYSICIAN (a) Residence No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) assified. BINDING 5a. If married, widowed, or divorged, HUSBAND of CERTIRY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days Months If LESS than 1 day.___hrs. or min. 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED SAWYER, BODKKEEPER, etc OCCUPAT may back plnods 9/Industry or business in which work was dona, as SILK MI SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)
spent in this
occupation this occupation (month and that vear) _____ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (Stata or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?. MOTHER 23. If death was due to external causes (VIOLENCE) fill in Accident, suicide, or homitide?. DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In RUBLIC PLACE. OF 18. BUNIAL, CREMATION, DR REMOVAL Manner of injury CAUSE Date. LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
		The world of the second	

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

should state OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66131	
County (— (—	Registration Dist. No. 27	
Village or City Par of &.	No. St., Ward	d
(If Length of residence in city or town where deeth occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds	s.
2. FULL NAME BERNARD Montague	Tibson	
(a) Residence: No. Hickory ave (Usual plage of abode)	St., Ward. If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	-
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of WARNED	22. ! HEREBY CERTIFY, That I attended deceased from	m
6. DATE OF BIRTH (month, day, and year) Reput. 21 1960	I last saw h sa Salve on 1 = 26 - 193 death is sal	ld
7. AGE Years 1900 Menths Days If LESS than	to have occurred on the date stated above, et	
3/ 489th 499th 275 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, Machanic		-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Scule My ocaretet Engler	4.
10. Date deceased last worked at this occupation (month and / 10. Total time (years) spant in this occupation occupation		
12. BIRTHPLACE (city or town) Cum afolio ma (State or country) a - a - co ma	Other Coutributory Causes of importance:	7
	Lessis aulius maj	2
13. NAME Parry Bernard Fifson 14. BIRTHPLACE (city or town) Com afrolio (State or country)	Name of operation Dete of What test confirmed diagnosis? Was there en autopsy?	10
15. MAIDEN NAME & Ha Ingri	What test confirmed diegnosis?	-
15. MAIDEN NAME & Ha Lurry 16. BIRTHPLACE (city or town) am afioho' (State or country)	Accident, suicide, or homicide?	
17. INFORMANT CodTa Siposon (Address) // 19 Madison ave Ball Mod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	-
18. BURIAL, CREMATION, OR REMOVAL Place Per Envertule Cent Date / 29 , 1982	Menner of injury	
19. UNDERTAKER & HB Yark'r (Address) Ly Was hington	24. Was disease or injury In any way related to occupation of deceased? If so, specify	
20. FILED Jun 28 1932 gray 4 c. fry c. Mil	(Signed) 25 Calvert M.	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	S	TATE OF	MAR	YLAND-	CERTIFICAT	E OF DEA	TH (16	132
:	L PLACE OF DEAT							
	County Anne	Arundel					Dist. No.	1
	Village or City	Annapoli	is		No. 82 Gloud death occurred in a hospital or	cester	St.,	2nd Ward
	Length of residence in the	ty or town where deat	h occurred	(lí yrsmos	death occurred in a hospital or ds. How long in U.	institution, give its NAM S. if of foreign birth?	E instead of street and	number) 10sds.
	2. FULL NAME			Graham				
	(a) Residence: No	82 Gloud	ester		St., 2nd Ward.			
DECE	PERSONAL AN	DETATISTIC	(Usual place		MEDICA		give city or town and	d State
3.		1		RIED, WIDOWED,	21. DATE OF DEAT	L CERTIFICATE	OF DEATH	
	Female	White	or divorces Mari	(write the word)	ZI. DAIL OF DEA	(Month)	(Day)	, 198.2 (Year)
5a	If married, widowed, or divo HUSBAND of (or) WIFE of Will	iam A. Gi	raham			EBY CERTIF		deceased from
6.	DATE OF BIRTH (month, day	, and year) NOV	. 12.	1894.		20	9	
	AGE Years	Months	Oays	If LESS than	to have occurred on the date. The PRINCIPAL CAUSE OF	e stated above, at 7 1	, P	
	37	2	1	1 day,hrs.	The PRINCIPAL CAUSE OF were as follows:	DEATH and related caus	es of importance	
Z	8. Trade, profession, or pa	orticular			D	/3		Oate of onset
TIO	kind of work done, SAWYER, BOOKKEE		None		Loucer	2 year	1	Asunal
UPA	work was done, as S SAW MILL, BANK, e	WHICH SILK MILL,					/	7
OCCUPATION	1). Oate deceased last wor this occupation (more year)	ked at	11. Totat ti	me (years) It in this				Mouse
	BIRTHPLACE (city or town)	Bath.			Other Contributory Causes of	of importance:		/
14	(State or country)		aine	************	10110	1 18	2001	1/2
ER	13. NAME Melvi	n A. Hag	gett			1 2	1	1/2
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Bath,	aine		Name of operation Resu	soal I man	Date of	6929
HER	15. MAIOEN NAME H	elen Hay	es		What test confirmed diagnos		Was there an	
MOTH	16. BIRTHPLACE (city or to	Maina			23. If death was due to extern Accident, suicide, or homicie	de?		
17.	INFORMANT Willi	am A. Gra		eat	Where did injury occur? Specify whether injury occur	(Specify city or	town, county and State	te) .ACE.
18.	BURIAL, CREMATION, OR R	EMOVAL			Manner of Injury	***************************************	+	
					Nature of Injury			
19.	UNOERTAKER John (Address)	nnapolis	Mq.		24. Was disease or Injury in	any way related to occup	ation of deceased?	
_	9	0	· / C	Q- · 5	If so, specify	Oliver /	une	/M. D.
20.	FILED JULY 1 P , 1	9.3.7	Ja C.	Jon Mu	(Addrson)	Personale	1.00	-M. U.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VIS. No. 1.

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Example I		Example II			
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis RECENVEL	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage FEB 3 1932	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	1
--	--	---

3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

OCCUPATION

9 BIRTHPLACE

Trade, profession or particular kind of work

> (State or country), 10 NAME OF FATHER

11 BIRTHPLACE

(Informant)

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country). 14 THE ABOVE IS TRUE TO THE BEST

(b) General nature of industry

business, or establishment in which employed or (employer)

1 _{PL}	ACE O	F DEAT	тн	
Count	llu	uel	lin	uda
illage o	r City	Tecc	Bu	
	6	NAME	Le continue la continue de la contin	Yati

PERSONAL AND STATISTICAL

4 COLOR OR RACE

(Month)

MAF

WID OR (Wri

	Û	0	1	3	3
(2:	1-2)			

If more banks are preded, addre.s Ltate Kegistrar, 16 W. Sajatoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No.

No. Relecca	St: Ward) (If h occurred in a hose sai or institution, give its NAME instead of street and number.)
PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SLE. RRIED, OWED. DIVORCED Let the word)	16 DATE OF DEATH 4 1931, 192 (Month) (Day) (Year)
14 16 1857	that I last saw h scaline on San (372, 1927)
(Day) (Year) If LESS than I dayhrs.	and that death occurred on the date stated above, at
2. 5. ds. ormin.?	Villeralan disease
	Contributory Secondary
a Hall	(Signed) (Duration) yrs. mos. ds. (Signed) Address) Address Acceptance (Address)
ed,	State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
Ersking.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
d.	At place of death
Y KNOWLEDGE	if not at place of dea.h? Former or usual residence Coronics.
w	Daltinose eya. Day of BURIAL
mus Kleing gr	20 UNDERTAKER KAOS ON ON HOUTE YOU

No. ŝ

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook ployed, as At. school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary,, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuil, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day Grocery;

Statement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e. g., sepsis, "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ot American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephritis, etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1 / F # 9.		STATE C	OF MAR
St. iif	1. PLACE OF		
4 × 00	County	nne Arundel	
shou of Oc	Village or Ci	ty Crownsvi	ille Sta
. 70	Length of resid	lence in city or town where	death occurred
Every SIANS ement	2. FULL NAN	ME AT	mie Han
RD. Every YSICIANS statement	(a) Residence	e: No. Baltin	Ore Cit
O #	PERSON	AL AND STATIST	
RECO Y. PH Exact	3. SEX female	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE
T.L.	5a. If married, widowe		11243
RMANEN X A C T I classified	HUSBAND of (or) WIFE of	Unkn	iown
EX EX y cl: te.	6. DATE OF BIRTH (month, day, and year)	1873
IS A PERMANENT stated EXACTLY properly classified. ertificate.	7. AGE Year 5		Days C110WN
HIS be be of c	kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which done, as SILK MILL, L, BANK, etc	Dome st
NG INK—T AGE should that it may ions on back	10. Date decease this occup		11. Total t
NFADING pplied. AGF erms, so tha instructions	12. BIRTHPLACE (city (State or coun	y or town)M&	ryland
VF/ plie rms nstı	13. NAME	Benjamin I	Iandy
ITH UNFA Ily supplied plain terms, See instru	13. NAME H 14. BIRTHPLACE (State or		and
t pla	15. MAIDEN NAM	** *	Butler
INLY, WITJ be carefully EATH in pla important.	16. BIRTHPLACE (State or	(city or town) Mery	rlend
E PLA should of OF Dis very	17. INFORMANT (Address) 18. BURIAL, CREMATI	Hospitál Re Grownsy	cords ille, Ma
-WRIT mation CAUSI TION	19. UNDERTAKER	is In B	Singer

20. FILED Terr / 2

STATE OF MARYLAND—CERTIFICATE OF DEATH

ATH			(97)
Arunde!			Registration Dist. No.
Crownsy	ille Sta	te Mospi	الا
	7	O (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	nnie Han		
Baltin		y, Leryla	
	(Usual place		If nonresident give city or town and State
	FICAL PARTI		MEDICAL CERTIFICATE OF DEATH
lack		RRIED, WIDOWED,	21. DATE OF DEATH January 11th (Month) (Day) (Year)
vorced			
Unk	nown		22. I HEREBY CERTIFY, That I attended deceased from
	1873		April 29th , 1930, to January 11, 1932 I last saw h. er alive on January 11, 1952 death is said
lay, and year) Months	Days	If LESS than	to have occurred on the date stated above, at 2 410 m.
	known	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
particular		ormin.	were as follows: Cerebral arteriosclerosis Date of opposit
e, as SPINNER, EEPER, etc	Dome st	ic	
in which			
s SILK MILL, (, etc			
vorked at nonth and	sp2	time (years) ent in this	
		upation	Other Contributory Causes of importance:
n)	er/land		Senility
	** 3		
njamin :			
town) Mary	18 na		Name of operation
75-7	D. 4.7		What test confirmed diagnosis? Was there an autopsy?
Helen .			23. If death was due to external causes (VIOLENCE) fill in also the following:
town)	yland		Accident, suicide, or homicide? Date of injury, 19
,			Where did injury occur?(Specify city or town, county and State)
ni tal R		ryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
REMOVAL	1110, 110		Manner of Injury
vary Ch	160ate 1-1	3 7 ,1932	Nature of injury
000	6.		24. Was disease of injury in pny way related to pecupation of deceased?
The Con	money	J	If so, specify
Q.	ousess	d post	(Signed) M. D.
,193 2 7	2766.9	Registrar.	(Address) Grownsville Maryland
	1/		C

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

a hospital or institution, give its NAME is -stend of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; i Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b). nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. laborer, Foreman, or At Form laborer. without more precise specification as Day Home, and children, For persons who have no occupation (b) Automobile factory. The material Laborer--Coal mine, etc. not gainfully em-Grocery;

Strtement of Cause of Death—Name, first, the DISEA: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

item of infor-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (101	36
1. PLACE OF DEATH		0
Count armelel ann	Registration Dist. No.	
		141
Village or City Cacyaside /// (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Length of residence i city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Dlessa Starries		
The same of the same	01 111-12	
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
Thursday Cland OR DIVORCED (write the word)	Jan. 4	198 2
5a. If married, widowed, or proceed	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended de	eceased from
with the state of	Jan 2, 19 3210 Fan 4	193 2
6. DATE OF BIRTH (month, day, and year) Cicy 10 7 1873	i last sawher alive on fan 4 , 1932,	death is said
7. AGE Years Months Days if LESS than	to have occurred on the date state above, at 89.m.	
59 4 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade arctine or narticular	(macardial	Date of onset
No. Hade profession, of particular to the profession, of particular to the profession which work was done as SII K MIII	1 2 11	200
9 Industry or business in which work was done, as SILK MILL, House Wife	The straight that I have a straight the stra	
SAW MILL, BANK, etc.		
10. Data deceased last worked at this occupation (month and spentin this		
yaar) occupation		
12. BIRTHPLACE (city or town) Cluster Co	Other Coutributory Causes of importance:	
(State or country) Hotal Carolina	Tente Henriss	5 da
13. NAME David Cox		70
13. NAME Calid Cosc 14. BIRTHPLACE (city or town) Causey Co.		
14. BIRTHPLACE (city or town) (State or country) (State or country)	Name of operation	La
	What test confirmed diagnosis? Lunuca Was there an au	opsy?770
Out of the	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury	, 19
(State of Country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Ques a Harris	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) Camparal, aas mis		
18. BURIAL, CREMATION, OR MEMOYAL Place Cagn Lattering Date and Cat 1937	Manner of injury	
Place Date 199	Nature of injury	
19, UNDERTAKER That & Hiele &	24. Was disease or Injury in any way related to occupation of deceased?	10
(Address) 34 Worth West St.	If so, specify	
20. FILED ton J 1932 Jughe for a gray	(Signed) J. Willia Markins	M. D.

Registrar.

(Address) Munaphalis

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FER 9 1639	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Galletones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	FEE 3 1982	July 5,1927	Peritonitis	3 days ago
	BARFART T. E.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

²FULL NAME

00138



STATE OF MARYLAND CERTIFICATE OF DEATH

ě	á	10	0 8	-/	ı	han.	0		Pers L / E	
D)			.:.		D	- 4	AI.	21	

	his/	1	J.S.	Naval	Hospit	al
Allaga Yor	City Annapolis	(No. 4	Annar	oolid,	Md.	

HICKS, Thomas (None)

Ward)

(If death occurred in a hospital or institu-tion, give Its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Jan 1 24 , 1884	15 Juniary 1932 to 16 January , 1932.
(Month) (Day) (Year)	that I last saw handlive on
7 AGE If LESS than	and that death occurred on the date stated above, or 2, 45 9.m.
day hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Ililatation lardiac erronic
(a) Trade, profession or Activet Mary News	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE (State or country)	Contributory Indocarditio Chenic Secondary
dawrenervelle va.	(Duration) yrs
FATHER / Iseden Brokes	(Signed) Lisut Cond. (1108 Lane (M) 1/8 h.M. D.
11 BIRTHPLACE	16 Cannay 1932 (Address) M.S. M. H. amonfolis had.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME	
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place
OF MOTHER (State or Country)	of death yrs mos ds State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Allerno Mc
Mr. Man of Flight	Former or usual residence
(Informant) (Information of the state of the	18 DACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Gerrua Park, Miss.	Tereshighters . Md Jan 19. 1932
15 Filed Jan 17 19232 Joseph C. Fry c. 1202	20 UN DERVINES Q ADDRESS 34 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
// // Registrar	TANCENCALLY, ST // WHEN DY.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter, engineer, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many factory. The material Locomotive engineer, Gracery,

spinal meningitis"); Diphtheria avoid use of "('roup ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o diseases resulting from childbirth or miscarriage as "PUERPERAL **epticacmia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death carbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; I visoued by can be ascertained as the cause. Always qualify all "Uraemia, (secondar, or intercurrent) affection need not be approved by Committee on Nomenclature as fracture of skull, and consequences le g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was Chronic interstitial nephrilis, American Medical Association.) "Atrophy." "Collapse." "Coma," "Convulsions, may be stated under the head of "contributory." Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease "Senile," etc.), "Dropsy, etc. The valvular heart disease; contributory

e in detail, it will prevent further correspondence. All the essential and must be obtained before the certificate is is certificate is looked over thoroughly and a l qu stions intly filed

V. S. No. 1

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. 1 HEREBY CERTIFY, That I attended decease (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	SIAIL C	OF MARTLAND	TOLER OF BEATH	1139
Village or City. Faurel Miss. Village or City. Faurel Miss. (If death occurred in a hospital or institution, give its NAME instead of steets and number. (a) Residence: No. 6.0.7 Miss. (b) Residence: No. 6.0.7 Miss. (b) Residence: No. 6.0.7 Miss. (c) Negrous Merce death occurred. (b) Residence: No. 6.0.7 Miss. (c) Negrous Merce (dispersion). (d) Residence: No. 6.0.7 Miss. (e) Residence: No. 6.0.7 Miss. (f) Consulfative of should. (i) Chaulifative of should. (ii) Chaulifative of should. (iii) Data of chaulifative of should of chaulifative of should of control of co	County ansage a	rundel	Registration Dist. No.	12
2. FULL NAME (a) Residence: No. 6.0.7 Personal flower for the process of the personal and State flowers. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Comments word) 5. SIMMERIED, WIDOWED, OR DIVORCED Comments word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hors,	Village or City Laure		f death occurred in a hospital or institution, give its NAME instead of street and nu	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) 5. If HER EBY CERTIFY, That I attended decessed HUSAND of (Month) 7. AGE Years Months Days If LESS than I day, has, or not work was done, as SILK MILL, Town min. 8. Trade, profession, or particular work was done, as SILK MILL, Town min. SAWYER, BODKKEPER, etc. SAWYER, B	2. FULL NAME Philip	Leonard for	ast. Ward. Ward D. C	þ
3. SEX 4. COLOR OR RACE OR DIVORCED (wince the word) OR DIVORCED (wince the word) 5.8. If married, widowed, or divorced HUSBAND of (CO) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, has profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. SAWYER, BDOKKEPER, etc. SAWYER, BDOKKEPER, etc. SAWYER, BDOKKEPER, etc. D. Date Goesaed Islaw worked at this occupation (month end spant in this occupation) Was at this occupation (month end occupation) Islants saw here alieve on Jack to Sacret dead of the date stated down of the date	PERSONAL AND STATIST			
6. DATE OF BIRTH (month, day, and year) Felly 7. 19 29 7. AGE Years Months Days II LESS than 1 day, hrs. 1 day, hrs. 1 day, hrs. 29 day, hrs. 1 day, hrs. 1 day, hrs. 1 day, hrs. 29	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Jany 9	193 2 (Year)
Note 1 Section of the date stated above of 100 min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Note 1 Section of work done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, SawKer, Bookkeeper, etc. Note 1 Section of Work as done, as SPINNER, so that the work as done as follows: Note 1 Section of Work as done as follows: Note 1 Section of Work as done, as SPINNER, and the work as done as follows: Note 1 Section of Work as done, as SPINNER, book as follows: Note 1 Section of Work as done as follows: Note 1 Section of Work as done as follows: Note 1 Section of Work	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	/-	april 30 ,193/ , to Jany 9	, 19.3
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased lask worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Charles T. Thent Country 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Mary C. Hourst 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, OREMATION, OR MEMOWAL Please Martines Tracing Select 19. UNDERTAKER Matrices Tracing Select 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Matrices Tracing Select 19. UNDERTAKER Matrices Tracing Select 19. UNDERTAKER Matrices Tracing Select 10. Date of injury 10. Date of injury 19. UNDERTAKER Matrices Tracing Select 10. Manuer of injury in any way related to occupation of deceased? 10. Date of injury 19. UNDERTAKER Matrices Tracing Select 19. UNDERTAKER Matrices Tracing Select 19. UNDERTAKER Matrices Tracing Select 10. Date of injury in any way related to occupation of deceased? 10. Date of injury 19. UNDERTAKER Matrices Tracing Select 20. Date of injury in any way related to occupation of deceased? 20. Date of injury 21. UNDERTAKER Matrices Tracing Select 22. Was disease or injury in any way related to occupation of deceased? 23. Undertaken Matrices Tracing Select 24. Was disease or injury in any way related to occupation of deceased?	o. Date of Billin (month) duly and joury	Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 105 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is sa
(State or country) (Specify city or town, country and State) (Address) (Specify city or town, country and State) (Address) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury in any way related to occupation of deceased? Nature of injury in any way related to occupation of deceased?	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lasi worked at this occupation (month end	spant In this		Jan 6.118!
15. MAIDEN NAME Mary C. Success (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 77 29 Care N W Whad D C. 18. BURIAL, CREMATION, OR REMOVAL Plees Water Salves Date Janey 11, 19 3 2 19. UNDERTAKER Water Training Seleval 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of decessed?	(State or country) UCA	Ifunt	Court published bed beforetie	Tuly 1931
17. INFORMANT Clearly There of Manner of injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 07 24 9 are 11 Wall De. 18. BURIAL, CREMATION, OR KEMOVAL Plece Parties the Salval Date January 11, 1932 Nature of injury 19. UNDERTAKER Parties Training Seleval 24. Was disease or injury in any way related to occupation of decessed? The	14. BIRTHPLACE (city or town) (State or country)	Maria		utopsy?
(Address & 07 24) Care M. Wall De. 18. BURIAL, CREMATION, OR KEMOVAL Plece Wester School Date Jacq 11, 19.3.2 Nature of injury 19. UNDERTAKER Wester Fraining School 24. Was disease or injury in any way related to occupation of decessed? No	PA 1	Humate tlanta horgia	Accident, suicide, or homicide? Date of Injury Where did Injury occur?(Specify city or town, county and State	, 19
19. UNDERTAKER Che Outrest Steering Veller 24. Was disease of injuly in any way related to decepation of deceased.	(Address) 607 24 9. Que 18. BURIAL, CREMATION, OR REMOVAL		Z	
20. FILED au 10 132 Clara H Haslup (Signed) Newwest 13 Jones	(Address) Laurel	any School Parlich	If so, specify	20.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every them of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY, WE

V. S. No. 1

Z

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County U. U.	Registration Dist. No.
Village or City Anna polit mg	No. St. Ward death occurred in a herbital or institution, give its AME instead of street and number)
Length of residence in city or toyor where deeth occurredyrsmos	
2. FULL NAME Elsie B. Ha	m Oikee
(a) Residence: No. Ceedar 10 ack.	SI Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupice the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended deceased from four 14, 1932, to face 17, 1932
6. DATE OF BIRTH (month, day, end year) May 29-1924	I last saw h . alive on free 17 , 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, atm.
9 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, proféssion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
	1 S. I. J. Mahar
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	14/32
O Date deceased last worked et this occupation (month and year) spant in this occupation occupation	
0 0 00 0 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Q Q CO My (State or country)	Atalial 86 Shuchen Jon 6
	our torrect of the first
	Name of operation. Lateral June of 1/17/32
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Eva B Harrison	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Eastern Short Mis	Where did injury occur?
17. INFORMANT Harry Hum Tiker (Address) and port of me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sperison My Date Jan 20, 132	Manner of injury
Place Milword My Date flux 20,19	Nature of Injury
19. UNOERTAKER D. F. Hoppins	24. Was disease or Injury In eny wey related to occupation of deceased?
20. FILED Sen 18 1932 frage C. frage Registrar.	(Signed) Muse (Areas) M. D. (Address) Character (Areas)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
BULLAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ECORD. Every nem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-LWRITE PLAINLY, WHA UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TYON is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00141
1. PLACE OF DEATH County Creeded	(82-0)
	Registration Dist. No.
Village or City Usuafavles	No. 02 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrsmos ds
2. FULL NAME Martha Johnson	
(a) Residence: No. 82 Co ast	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or diverced HUSBAND of	
(or) WIFE of John Johnson	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown	I last saw hy alive on 2007 1937 death is said
6. DATE OF BIRTH (hofith, day, and year) 7. AGE Years Months Oays if LESS than	to have occurred on the date stated above, at
ab. 1 66 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
o kind of work done, as SPINNER, House work	apply 3da
Kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and pear) occupation	
(a)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cranafastics MC State or country)	
13. NAME Joseph Brown	Cerus Vaccos
14. BIRTHPLACE (city or town) Churches Ma	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (curapoly ud (State or country)	Accident, suicide, or homicide?
() B	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Abeful works	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cimapolio Date Jany 3 , 1932	Netura of injury
19 UNDERTAKER John M. Maylor	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comalowlin Md.	If so, specify Q
20. FILED Jan 2 , 1932 4 Ly 6 6 9 9	(Signed) tray 4 C. To Ct. M. D
20. FILED Registrar.	(Address) amfine Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1/	STATE C	F MARYLA	ND-	CERTIFICATE OF DEATH	0142
1. PLACE OF	F DEATH			(No-E)	1134
County	anne	azmolel		Registration Dist. No.	/.
Village or C	ity Johns	ntown		NoSt_	Ward
Length of resid	dence in city or town where	leath occurredyrs	(If mos	death occurred in a horpital or institution, give its NAME instead of street an ds. How long in U.S. if of foreign birth?	d number)
2. FULL NAI	WE (Buc	1' /	mer		
(a) Residence	ce: No.	(Usual place of abode)	<u> </u>	St., Ward. If nonresident give city or town a	nd State
PERSON	AL AND STATIST	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
nafe	4. COLOR OR RACE	5. SINGLE, MARRIED, WI OR DIVORCED (write t		21. DATE OF DEATH James cry 25	., 198 2 (Yeer)
5e. W merried, widowe HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month dev and year)	Jan. 24.	.32		
7. AGE Yeer			ESS then	to have occurred on the dete steted above, at	, 000111 15 5010
		or	hrs. min.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	15.1
8. Trede, profes	sion, or particular ork done, as SPINNER, BDDKKEEPER, etc			7	Date of onset
4 9. Industry of b	ousiness in which			lematurity & promit	F.C.
SAW MILI	done, as SILK MILL, L, BANK, etc			- Capaca	
0 Dete decease this occup	etion (month and	11. Total time (years spent in this occupetion	.)		
12. BIRTHPLACE (city	y or town) / John	ma trum	md.	Other Contributory Causes of importance:	
(Steta or coun	try)	10	ng.	J.	
13. NAME	acin 1	Ceemer			
	(city or town)	Jud.		Name of operation Date of	
(State of	2			Whet test confirmed diagnosis? Was there are	au!opsy?
15. MAIDEN NAM	NE Zosyn	ranse		23. If death was due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE	(city or town)	Zud.		Accident, suicide, or homicide? Date of injury	, 19
≥ (Stete or	country)	10.	_	Where dis injury occur? (Specify city or town, county and St	
17. INFORMANT (Address)	Coecyn	1 sewer		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATI	DN, DR REMOVAL	A 1 7		Manner of injury	
Place	John Ca	Dated / -ds	., 19.32	Neture of injury	
19. UNDERTAKER	Cecen	Reame		24. Was disease or injury in any wey releted to occupetion of deceased?	
(Address)		* A		If so, specify	~~~~~~~~~~~~~~~~~
20. FILED / - /	1932 0	7.4. 632e	egistrar.	(Address) S. J. Darad ena	. m.D
	If more	lanks are needed, address Stat	_	neer N. Charles Savest P. Jaimers P	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
death and related causes ollows:	The principal cause of death and related causes of importance were as follows:	Date of onset		
EEB 9 1022	1915	Attack of epilepsy	1 week ago	
tis	1921	Run over by street car	1 week ago	
BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
ses of importance:		Other contributory causes of importance:		
Gallstones		Gastroenteritis	1 year	
- Total	FER 9 1992 IS BUREAU V. S.	1915 lis 1921 PURRAU V. S. July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car PIPPAD V. S. July 5,1927 Peritonitis ses of importance: Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATI	FEMENTS BY I	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
FEB 3 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. H UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, W 29

MARGIN RESERVED FOR BINDING

V.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County a Q.	Registration Dist. No.
Village or City Comergency Hospt	No. Curafiles St., Ward
Length of residence locity or town where death occurred yrs a mos	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in V.S. if of foreign birth?
2. FULL NAME Charles 4. Klatt	
(a) Residence No. Carrel Hull	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word) Market	21. DATE OF DEATH (Month) (Day) , 198 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude S. Klatle	22. DHEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 18 4 1874	Hast saw h 1 elive on touch 5 , 1692; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 A m.
57 6 19 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Reluced Real Estate SAWYER, BOOKKEEPER, etc.	Chronis Alfants
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cerebral Dettico Schevis Knawy
11. Total time (yeers) this occupation (month and year)	Cardiac Hypertrophy
12. BIRTHPLACE (city or town) Charleston S. C. (State or country)	Other Contributory Causes of Impostance:
13. NAME Nerman Platte	
13. NAME Verman Italia 14. BIRTHPLACE (city or town) Lermany	Neme ef operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia Roll	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Julia Rolls 16. BIRTHPLACE (city or town) Churleslon S. C.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus. Surveyede V. Malle (Address) Consopolis red	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charleston S. C. Dote Jany 6, 1934	Manner of Injury
19. UNDERTAKER John U.J. Vaylor (Address) Connepholis 2012	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jan 6 , 1932 Jangle C. Jog a Zus	(Signed) NOUSY A HOLD M.D. (Address) Brusselis M.A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
21/60/60/60/60/06/0	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 60145
County Q Q	
	15 D - 100
Village or City Com cycles	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I sider /Ylace	ska
(a) Residence: No. / 6 / (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (ragice the word) MORE OF DIVORCED (ragice the word)	21. DATE OF DEATH June 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(a) HIFE of mary Mlausky	Jul 1930 to ou 1972
6. SATE OF BIRTH (month, day, and year) Wov 47 - 1862	Plast saw h. in elive on Jan 25, 19.32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 500 m.
69 1 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Cirlerai o Fine Date of greet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
O this occupation (month, and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	atterio oclerono ?
(State or country)	general '
13. NAME Isido Malatisfy 14. BIRTHPLACE (city or town)	Us did es.
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an au'opsy?_ Z
15. MAIDEN NAME AMPLIANTE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mary Klausky	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) amgstell mb/	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place A CYVOUNT Oato Com 192	Nature of injury
19. UNDERTAKER 3 2 Happing	24. Was disease or injury In eny way ralatad to occupation of deceased? 200
(Addiess) and good one	If so, specify A.C. luc
20. FILED Jan 27 1852 June 6 June 1800.	(Signed) Vrancis h). Vibbo - Clay D.
Registrar.	(Address) An Dispulsery
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Questolis . Me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Philippinos	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriasclerosis	1915	Attack of epilepsy	1 week aga		
Chranic interstitial nephritis	1921	Run over by street car ·	1 week aga		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga		
BURVAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstanes	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 60146
1. PLACE OF DEATH	(112)
County Anger Counger	Registration Dist. No.
Village or City Severn Jrun	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. il ol foreign birth?yrsmosds.
2. FULL NAME That I lead	
(a) Residence, No. SEVERN Rund	RAND. 7. Word.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male white Marira	January 29 Day) 1932
5a. If married, widowed, or divorced HUSBAND ol (or) WIFE of Common State of C	1 HEREBY CERTIFY. That I attended deceased from 2 9 193 2 to 19
6. DATE OF BIRTH (month, day, and year) New 1872	I last saw h alive on 120 1 19 ; death is said
7. AGE Years Months Days II LESS than 1 day,	to have occurred on the date stated above, at 43 Am.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Loadouxel SAWYER, BDDKKEEPER, etc.	asthana and
9. Industry or business in which work was done, as SILK MILL,	
kind ol work done, as SPINNER, COLONIA SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the colonia second in this occupation) and the colonia second in this colonia second in the secon	/93/
this occupation (month and 932) spent in this occupation	
12. BIRTHPLACE (city or town) Quistria	Dther Contributory Canses of importance:
(State or country)	,
13. NAME adam / Leele	
13. NAME COAM J Rech	Name ol operation Date ol
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Eugene Med	23. If death was due to external causes (VIDLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT ASSISSED TO THE TOTAL	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL, Cha & nicade.	Menner of injury
Place Bethely Hort Oate Jaw 31/ 1932	Neture of injury
19. UNDERTAKER Maltes Rieva	24. Was disease or Injury in any way related to occupation of deceased?
(Addigs) 3+18 Chestnut (low.	If so, specify ρ
20, FILED Jan 30, 1932 N.L. Jones Depy Local Registrar.	(Signed) Westers War Disney Goringer
If more blanks are needed, address State Registral,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921		1 week ago
July 5,1927	Peritornal & WAN	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset of importance were as follows: 1915 Attack of epilopsy 1921 Run over by street car July 5, 1927 Peritor Pal C C C C C C C C C C C C C C C C C C C

certificate

back

on

See instructions

TION is very important.

(State or country)

OR REMOVAL

1021

(Address)

19. UNDERTAKER (Address)

state OCCURA should

Every

	County Village or City Length of residence in city or town where death occurredyrsmos	Registration Dist. No. No. 68 Calvert St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth? yrs. ds.
2	(a) Residence: No. 63 Calvert	St., 4 Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
11	14. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 1932, to 1932 death is said
6.	DATE OF BIRTH (month, day, and year)	I last saw has alive on
7.	AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Davido Ineumoriae lubro
000	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12.	BIRTHPLACE (city or town) amaholis Md. (State or country)	Other Coutributory Causes of Importance:
œ	13. NAME John mc Yowans,	
FATHER	14. BIRTHPLACE (city or town) amajoris And (State or country)	Name of operation Date of
ER	15. MAIDEN NAME Blanch Hoor	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) annafe oh's Ind	Accident, suicide, or homicide? Date of injury, 19

Nature of injury 24. Was disease or injury If so, specify

(Specify city or town, county and Stale)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

(Signed)

Manner of injury

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriaselerasis Chranic interstitial nephritis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage EB 3 1932	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

BINDING

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MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

item of infor-Plugas

STATE OF	MARYL	AND-	CERTIF	CA	TE	OF	DEATH
----------	-------	------	--------	----	----	----	-------

1. PLACE OF DEATH			48)	
County Anne Aundel			Registration Dist. No. 22	
Village or City Odenton Length of residence in city or town where	death occurred	(If 0 yrs, 7 mos	No. Harding Avenue St., death occurred in a horpital or institution, give its NAME instead of street and n 18 ds. How long in U.S. If of foreign birth? XXX yrs. XX mo	Ward umber)
2. FULL NAME Pauline	Linwood	Greenwald	McLaughlin-	
(a) Residence: No. Harding			St Ward.	ndw
	(Usual place	of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	or Divorce	RRIED, WIDOWED, ED (write the word)	January 17th (Month) (Day)	1932 (Year)
5a. If married, widowest notwoodd HUSEAND ALL WIFE OF Earl (00) MEN	E McLaug	hlin	22. I HEREBY CERTIFY. That I attended of Sept. 13	
6. DATE OF BIRTH (month, day, and year) At	noust. 10	1901	Hast saw h. Gr alive on January 17 ,1932	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 6:47 p/m.	
30 5	7	1 day, XX hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	77		Adeno-carcinoma of cervix	Jan 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewif	e	Metastases torlungs and rectum	Nov1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Ow SAW MILL, BANK, etc.	n Hone		Hypostatic Pneumonia Jan	14 193
10. Date deceased last worked at this occupation (month and year)	sp3	time (years) ent in this expationXXX		
12. BIRTHPLACE (city or town) Greence (State or country) Pa.	astle		Olher Contributory Causes of importance: XXXXXXXX	
13. NAME Unknown				
13. NAME Unknown 14. BIRTHPLACE (city or town) XXX (State or country)			Name of operation Biopsy Date of J. What test confirmed diagnosis? Lab section Was there an a	
置 15. MAIDEN NAME Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	xxxx		Accident, suicide, or homicide? XXXX Date of injury XX Where did Injury occur? XXX	, 19
17. INFORMANT Husband (Address) as abone			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA XXXX	t) ACE.
18. BURIAL CRIMATUM OR RELIGIAN	Date Dut -	19 ,193 V	Manner of injuryXX	
19. UNDERTAKER The we for (Address)	white c	July-	24. Was disease or injury in any way related to occupation of deceased TO If so, specify XX	
20. FILED Jan 19, 1972	M.t.	bre s	(Signed) Jasper h Know (Address) Fort Genge & Meade,	and,
If more			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	us A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FES 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	, Gastroenteritis	1 year
			I

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF	DEATH	60150
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:	1. PLACE OI	F DEA	тн				
	County	Ann	e Arunde	el		Registration Dist. No. 2	1
	Village or C	ity	Crownsv	ille St	ste Hospi	ta No. St.,	Ward
	Length of resid	dence in c	ity or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and no face a	
:	2. FULL NA	ME	H	erry Me:	rrill		
- Committee	(a) Residen	ce: ND	Pı	Cincess (Usualplace	Anne, Ha	rysland Ward. If nonresident give city or town and	State
_			D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex la le		e or race	5. SINGLE, MAR OR DIVORCE SEDET	RIED, WIDOWED, D (write the word) Eted	21. DATE OF DEATH January 9th (Month) (Day)	, 193 2 (Year)
5a.	Husband of Husband of (or) Wife of	ed, or div	orced U1	nknown		22. I HEREBY CERTIFY. That I attended of January. 4th, 19. 32 to January. 9	
6.	DATE OF BIRTH ((month, da	y, and year)	1911		last saw h_im_alive on_Jan. 2th	; death is said
7.	AGE Yea		Months Unki	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BDDKKEEPER, etc.			La hore	n	Exhaustion due to acute	
OCCUPATION	9. Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc					psychosis	?
CUP					******************		
0	10. Date decease this occup	pation (mo	nth and	spa	ime (years) ntin this		
-	(year)			rland	apation	Other Contributory Causes of importance:	
12	. BIRTHPLACE (cit (State or cour		4.01.	TSHO		Dementia Praecox, Paranoid	??
ER	13. NAME		Harry	Merrill		- type.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
FATH	14. BIRTHPLACE	(city or t	3M (nwo	ryland		Name of operation Date of	
-	(State or		,			What test confirmed diagnosis? Was there an a	
HER	15. MAIDEN NA	ME	Estel	le (un)	cnown)	23. If death was due to external causes (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (State or		nwn)TE_Y	yland		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17	. INFDRMANT (Address)	<u>H</u>	ospital Cromm		Mar <i>r</i> lan	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	:) CE,
18	BURIAL CREMAT	DN DR			,32	Manner of injury	
19	. UNDERTAKER (Address)	m-K	Home	late 1	Supt.	24. Was disease or injury in any way related to occupation of deceased?	1
20	FILED 1/11	,	132		Kegistrar.	(Signed) (Address) Grownsville ligrylar	3 M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Other contributory causes of importance:

S. No. 1

should state

ACCUPA-

	F MARYLAND-	CERTIFICATE OF DEATH 00151
1. PLACE OF DEATH		95-5
County A.	• • • • • • • • • • • • • • • • • • • •	Registration Dist. No. 20
Village or City	coon 2 / ll	No. St., Ward
Length of residence In city or town where d		s. ds. How long in U.S. if of foreign birth? yrs. mss. ds.
2. FULL NAME Trum ce	10 00-	
	s ormer	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 9 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ma	OR DIVORCED (write the word)	Jan 122 193 2
5a If married widowed or divorced	ou ce	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That Jatterned deceased from
(01) WIFE 01		1931 to lan 2 1932
6. DATE OF BIRTH (month, day, and year)	9 TK 1917	I last saw h in alive on Ded By at 1934; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 A m
14 11	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		The Reserve
9. Industry or business in which	tona	The received
work was done, es SILK MILL, SAW MILL, BANK, etc.	****	
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12. BIRTHPLACE (city or town)	mingto DC.	Other Contributory Causes of importance:
13. NAME the Her 2	es	Jugaren Herriga
14. BIRTHPLACE (city or town)	6	Name of operation Date of
(State of Country)	ma	What test confirmed diagnosis was leaders Was there an autopsy (1)
15. MAIDEN NAME ET LE	Harrey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME	1 1	Accident, suicide, or homicide? Date of injury, 19
₹ (Stata or country)	hyland	Where did injury occur?
17. INFORMANT James 18 (Address) Daneloge	Diger	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Place Davi Son ville M	Dato au 3w 1932	Nature of injury
1 4 6	10	21 04
19. UNDERTAKER	7-000 AS	24. Was disease or injury in any way related to occupation of deceased
(Address) pardon?	0 0.0	If so, specify
20. FILED 31, 19 32 1	Carrie & Registrar	(Signed) M. I

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	,	Example II	10/2
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 60152
1. PLACE OF DEATH	
County Mme Grandel	Registration Dist. No. 2-6
Village or City Strally Side	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
· STORES N.C.	
2. FULL NAME SHARIFIC /VLOK	Ot Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nortice the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Am 25 /932	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
O O I day, To hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. BIRTHPLACE (city or town) 14. State or country	Other Contributory Causes of Importance:
13. NAME Vanell Nick 14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Maggie Momes 16. BIRTHPLACE (city or town) 16. State or country) 17. INFORMANT Jamell Nick	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Date of 26	Manner of injury
19. UNOERTAKER TAH Wederly 20. FILEO Jan 26, 1932 Les & Denk Registrar.	24. Was disease or injury in any way related to occupation of deceased? NV If so, specify (Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

vrs. _____ds.

193 2 (Yaar)

Date of onset

BINDING

MARGIN RESERVED

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroentcritis	1 year
	Remarks a service and a servic	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.11151

1	L PLACE OF	DEATH Anne Ar	nndel		(131)	1104
,	County				Registration Dist. No. 27	
	Village or Cit	y Crow	msville	State Ho	S No. 6 L St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of resid	ence in city or town where	e death occurred		s. 12 ds. How long in U.S. if of foreign birth?yrsm	
	. FIII NAM	ne T	homas Pe	rkins		
H					angt and Ward	
	(a) Residence	e. 140	(Usual place	of abode)	ErStland Ward. If nonresident give city or town and	l State
	PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Ble	4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE M8 1111	RIED, WIDOWED, D (write the word) . e d	21. DATE OF DEATH January 9th (Month) (Day)	_, 1932 (Year)
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced Unk	mo wn		22. I HEREBY CERTIFY, That I attended Dec. 29th 19.31, to Jenuary 9	
6.	DATE OF BIRTH (n	nonth, day, and year)	1880		I last saw h im elive on January 9th ,1932	
7.	AGE Years	s Months	Days	If LESS than	to have occurred on the date stated above, at	
	52	Unk	nown	l day,hrs. ormin.	were as follows:	Oate of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. Laborer 9. Industry or business in which				Mitral regurgitation with failure of compensation	?
occui	work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year)			ime (years) nt in this upation		
12	. BIRTHPLACE (city (State or count		rland		Other Coutributory Causes of importance: Nephritis chronic interstitial. Cuses	?
ER	13. NAME	Thomas	Perkins		The state of the s	
FATHER	14. BIRTHPLACE	(city or town)	land		Name of operation Date of What test confirmed diagnosis? Was there an	
ER	15. MAIOEN NAM	ne Mill	ie (Unkr	nown)	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (State or	(city of town)	ryland		Accident, suicide, or homicide? Oate of injury Where did injury occur?	, 19
17	. INFORMANT (Address)	Hospital R	lecords	Mar/lan	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18	BURIAL, CREMATI	ON, OR REMOVAL	Oate Jan	n: 13,132	Manner of injury Nature of Injury	
-	UNOERTAKER (Address)	Mis Natice	rolally	and rice	24. Was disease or injury in my way related to occupation of deceased? If so, specify	6 M. D.
20	FILED Jane	195 /	-/	P ::	Crownsville Manale	na

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer. mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were a	of death and related causes) s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 779 9 1992	1915	Attack of epilepsy	1 week ago
Chronie interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURNAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS Should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

				DE MAK	ILAND	CERTIFICATE OF DEATH	1155	
		E OF DEA				34		
County Arne Arundel Village or City Cros. nsviile State Hospi					4.	Registration Dist. No.		
	Villag	e or City	PDW.NSV.	1116 289	re Tosbi	No. St., death occurred in a hospital or institution, give its NAME instead of street an	Ward	
	Length	of residence In ci	ity or town where	death occurred	yrs 5 mos	death occurred in a norpital of institution, give its IVANIE, instead of street an	mos. ds.	
		. NAME	Je or se	H. Pres				
				ore City		St., Ward.		
	(a) N	esidence. No	201011	(Usual place		If nonresident give city or town a	nd State	
	PER	SONAL AN	ID STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
	sex nale		or or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 19th (Month) (Day)	., 193 2	
5a.	If married	, widowed, or divo	orced				(Yeer)	
	(or) ₩1F	E-of-	elinda :	Preston		22. I HEREBY CERTIFY, That I attende	d deceased from	
	D. INC. AC.	America (1	882		August 14 1931, to January 19 1932 Ilast saw h im alive on January 19 1932; death is said		
	AGE	Years	y, and year) — Months	Days	If LESS than	to have occurred on the date stated above, at 4P	in; death is said	
		50		kno wn	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
_	8. Trade				ormin.	were as follows: Cerebral spinal syphilis	Data of onset	
OCCUPATION	ki S	e, profession, or pr ind of work done, AWYER, BOOKKEE	as SPINNER, PER, etc.	Laborer				
PAT	9. Indus	try or business in ork was done, as S	which					
CU	S	AW MILL, BANK,	etc					
0	th th	deceased last wor is occupation (mo	nth and	11, lotal t	ime (years) nt in this upation			
			Bel A		rland	Other Coutributory Causes of Importance:		
12.		ACE (city or town) or country)	ner w	AL, MCA	/ La Hu	Lues	?	
œ	13. NAME		n Prest	m				
FATHER			77: 70	rland				
FA		HPLACE (city or to State or country)	own)		~	Name of operation Date of		
ER			Sarah (unknon)	What test confirmed diagnosis? Wes there at		
MOTHER	16 DIDTI	IDLAGE (-1)	Me	1 A		23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of Injury		
MO		State or country)	wn)][[[::	£'-,/-4-ë-1444				
17	181500111	77.00	.44.3 3			Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	ate)	
17. INFORMANT HOSpitel Records (Address) Crownsville, Nerviend					rland	========	LAGE.	
18. BURIAL, CREMATION, OR REMOVAL				. /.		Manner of injury		
Place Undular Date 1/20 932					७ ५३ है-	Nature of Injury.		
19	UNDERTA	KER A	and Ex	s ton	-	24. Was disease or injury of any way related to occupation of deceased?		
- 4.	(Addie		Ball	5 Ind		If so specify	Α	
20	FILED 2	au 20	ا د دور	80070	7	Congred to Market	20 M.D.	
201	Registrate				Registrae	(Address) Srovnsville, Keryls	nd /	

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

S. No. I

TION is very important. See instructions on back of certificate.

STATE	OF MARYLAND—CERTIFICATE OF DEATH	60156
E DEATH	211)	

1. PLACE OF DEATH			(34)	
County Anne Arund			Registration Dist. No. 21	
Village or City Crowns vi	~		tal No. St., War If death occurred in a horpital or institution, give its NAME instead of street and number) os. 9 ds. How long in U.S. if of foreign birth?	
	adys Que			
		unty. Ma	rystand Ward. If nonresident give city or town and Sta	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MARI OR DIVORCED S1 112	RIED, WIDOWED, (write the word)	21. DATE OF DEATH January 13th (Month) (Day)	3 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended decrease 4 19.31 to January 13	eased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	1912 Days	If LESS than	I last saw h. im alive on January 13., 19.32; daeth is sai to have occurred on the date stated above, at 3:45Pm.	
8 Trade profession or particular	nknown	known laday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Embolism	toof onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Hous	ework	minut	es
10. Date deceased last worked at this occupation (month and year)	11. Total ti spen occu	me (years) It in this pation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	ar /land		1	mos
13. NAME Walte:	r Queen,	dead		
13. NAME Walte: 14. BIRTHPLACE (city or town) Mar J (State or country)	land		Name of operation Oete of What test confirmed diagnosis? Was there an au'o	
15. MAIDEN NAME Gertrude	e Thomas		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Gertride 16. BIRTHPLACE (city or town) Mac (State or country)	ryland		Accident, suicide, or homicide? Date of injury, 19	
17. INFORMANT Hospital Records (Address) Crownsville, Maryland			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL)	Date ///	4 32	Manner of Injury	
19. UNDERTAKER 7. Paros (Address) Paros	way ?	ras	24. Wes disease or injury in any way related to accupation of deceased? If so specify Signed	> ,, ^
20, FILEO	Jagar.	8 - Registrar.	(Address) Crownsyille Meryland	M . D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis FFE 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritanitis	3 days aga
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

V. S. No. 1

should state

	STATE OF MARYLAND	CERTIFICATE OF DEATH	57
1	1. PLACE OF DEATH	23	2
	County (I we Urundel	Registration Dist. No.	
	Village or City Laurel	death occurred in a hospital or institution, give its NAME instead of street and no	Ward
1	Length of residence in city or town where death occurredyrsmos.		9
1	2. FULL NAME James & seeman		
	(a) Residence: No. It askington &	Est., Ward Board of Public hufare.	Harle
	(Usual place of shode)	If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Del)	193 (Year)
5a.	. If married, widowed, or divorced HUSBAND of		
Market	(or) WIFE of	22. HEREBY CERTIFY, That I attended de	1a 3 V
	DATE OF BIRTH (month, day, and year) 15, 1920	Hast saw h sin alive on Jacey & 1952.	death is seid
1	AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 8 20 m.	
	11 years 6 25 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
7	8. Trade, profession, or particular	nete os tonoms.	Date of onset
OCCUPATION	Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pulmonary Zubuculous	931
PA	Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	/	
100			
Ö	Date decesed last worked at this occupation (month end year)		
	· Washington	Other Contributory Causes of importance:	
12	R. BIRTHPLACE (city or town) (State or country)	The el- Mundedurge	house
2	13. NAME Un len avon		1920
FATHER	14. BIRTHPLACE (city or town)	Name of operation 200 at Date of	
	(State of Country)	What test confirmed diegnosis? Was there an au	topsy?
HER	15. MAIDEN NAME (ara Queenan)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
OTH	16. BIRTHPLACE (city or town) Wilkinsun	Accident, suicide, or homicide? Date of injury	, 19
X	(State or country)	Where did Injury occur?(Specify city or town, county and State)	
17	. INFORMANT LEGIO & Distreto January Jaho	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18	(Address)/ year Lawell. Mary Rand.	Manner of Injury	
	Place Destruct. Acherel Date Jany 10, 1932	Nature of Injury	
-	10-1 -01-2 1 1.0 -1	24. Was disease or Injury in any way related to occupation of deceased?	0
19	(Address) Paure O, hell	If so, specify	
	la 11 31 Inlandi Haarlit	(Signed) Kunnerth & Jours	M. D.
20	D. FILED and 1932 Illana M Passeifr Registrar.	(Address) Laurel Z	ul
-	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of-death-and-related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ogo
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 5 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the Spinner, should be used only when needed. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruud, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemuid, etc. If the occupation has been changed etc., Foreman, O. For many occupations a single word or term or especially in industrial employments, it is necesyrs). Farm laborer, Loborer-Cool mine, etc. (b) Cotton mill; (o) Salesman. At Home, and children, without more precise specification as (b) For persons who have no occupation Automobile factory. The material not gainfully em-As examples: (a)duties of the 3 Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio avoid use of "Croupspinal meningitis"); Diphtherio avoid use of "C

"Inanition," "Weakness," etc., when a definite disease inges, perilonocum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid ledonus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; approved by Committee on Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases can be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephrilis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be ctc. The contributory valvular Nomenclature Always qualify all heort disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00158
County a - a - 1	Registration Dist. Np. 27
Village or City	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME CO GREBETH Hobins	on
(a) Residence: No. Loves md.	St ., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	garey // 1937
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. PALLE SY CERTIFY, That I attended decessed from
DATE OF BIRTH (month, day, and year) 1000, 20 1931	last saw h & Al alive on Alexand // 1932 death is sal
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
- 1932 DEC - 1/ 1day,	here as follows.
Trade profession or particular	Oate of one of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	f A
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cleate minehitro 1.9.
kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
2. BIRTHPLACE (city or town) LONES AD Mid.	Other Coutributory Causes of importance:
(State or country)	- Trematur brith
13. NAME Edward Robinson	
13. NAME Edward Robinson	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SEMPLE Miller	23. If death was due to external causes (VIDLENCE) fill In elso the following:
15. MAIOEN NAME SENCH & Miller 16. BIRTHPLACE (city or town). LOZES	Accidant, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MYS GARDON ENCE Waller- (Address) Jones Mac	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It a y W Date I 1 0 ,19 5	Nature of injury
9. UNDERTAKER OF BY Varkes - (Address) 47 Washington Street	24. Was disease or injury in any way related to occupation of deceased?
0. FILED Jun 12 1932 frage c. In ex me	O (Signed) Chubrose (Janua M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Data of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PORMATI V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE 16 DATE ay be back WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) and that death occured on the date stated above, at 7 AGE Ilf LESS than The CAUSE OF DEATH * was as follows: I day hrs. 8 OCCUPATION RESERV (a) Trade, profession or particular kind of work (b) General nature of industry important. Q business, or establishment in (Duration) yrs. mos. which employed (r (employer) Contributory I Ca 9 BIRTHPLACE Secondary MARGIN (State or country) ۵ 10 NAME OF FATHER 0 II BIRTHPLACE *State the Discase Causing Death, or, in deaths from CAUSE OF FATHER r Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME K 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER d state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs mos. (State or country) Where was disease contracted, if not at place of death?..... shoul of 14 THE ABOVE ISTRUE Former or usual residence. (Informant DATE OF BURIAL PLACE OF BURIAL OR REMOVAL ADDRESS Registras If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im ortant, : a that the relative health . should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, ., ot ... Foreman, 6 yrs). For persons who have no occupation For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Salesman. (b) Locomotive engineer, not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis, " Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumania (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Inanition," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on "Atrophy." "Collapse," "Coma, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart Nomenclature of the " "Convulsions, Measles discuse;

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is exent all and must be obtained before the certificate is permanently filed.

FEB 3

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	00101
11 11	Decision No. 1 /
	Registration Dist. No. 2
Village or City and apoleo	No. 200 Ward death occurred in a horpital or institution give its NAME instead of street and number)
Length of residence In city or town where death occurred Sayrs mos.	death occurred in a norpital of institution give its IVAIVIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME TOPAN Sedla	
2. FULL NAME JOSEPH Deall	
(a) Residence: No. 1200 King New	St., Ward. If nonresident give city or town and State
(Usua La face of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVDRCED (write the word)	to total sur a south
male white widowed	(Month) (Day) (Yaar)
a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY, That I attended deceased from
(or) WIFE of / also Sexlacek	Sept 193' to Jan 1 1932
0100 12 - 1900	Hast sawh um aliva on from 1, 19.32; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 F. m.
7. AGE Years Months Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance.
8 / 7 ormin.	were as follows
R. Trada, profession, or particular	Chrame Mephrilia y
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	- military
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Wretina) - 4dan
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
b /	Other Contributory Causes of importance: A delerand line Teneral Arterio aclerand line
12. BIRTHPLACE (city or town) 3 of level	Teneral arleno deleranz
(State or country)	- July
13. NAME CIMPINOS	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Unflower	What test confirmed diagnosis?
15. MAIDEN NAME CINBOURNE	23. If death was due to external causas (VIOLENCE) fill In also the following:
16 DIOTHOLAGE (aller on house) A	Accident, suicide, or homicide? Date of injury
2 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Halden a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 2.00 King Josep St. amples	Opening injury condition in the country in the integral in the country in t
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Al Maryo and Date How 4 191	Natura of injury.
h st 21 - h-in	
19. UNDERTAKER	24. Was disease of injury in any way related to occupation of deceased.
(Address) ann april one.	If so, specify 4 CM On the common of the com
20, FILED Jan 2 , 1932 Jan 4 c Ing a 200	(Signed) M. D.
Registrar.	(Ardress) Manager Tuz

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. SNO. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write honsewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / 9	3 days ago
		1886	
Other contributory causes of importance:		Other contributory causes of importance	-
Gallstones	May 1,1923		1 year
		1 20 20	1

0	0	1	6	2

STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH County / We Orunded	STATE OF MARYLAND CERTIFICATE OF DEATH
f f	Registration Dist. No. 210
Village or City Muay (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, OR DIVORCED (Write the world)	16 DATE OF DEATH Sace 27, 1937 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192, 192
7 AGE If LESS than I day hrs. ds. or min.? 8 OCCUPATION or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: Remained Remaine
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Durayford) (Signed) (Signed) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(Informant) Thomas Vallace.	Former or usual residence
(Address) Jollian. Md.	19 PLACE OF BURIAGOR REMOVAL DATE OF BURIAL OSLO CUO LECE 127, 1973
15 Filed 1/22 1932 W. Clayton.	20 UNDERTAKER ADDRESS

If more bianks are needed, andress State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No.

WRITE

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(Approved by U. S. Census and American Public Health Association.)

"cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. (a) Foreman, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL peritonilis," etc. diseases resulting from childbirth or miscarriage as "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (mcrely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (sccondary), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. cough; Chronic valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor-

1. PLACE OF DEATH

Date of onset

					7	40.01
		STREET, SQUARE, SQUARE	-			-
MEDICAL	CERTI	FICA	TE	OF	DEATE	1

(Year) CERTIFY. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Clause al. Was there an autopsy?...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suleIde, or homicide?______ Date of injury______ 19.

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Address) --- Constant

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	1		

V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	11G4
1. PLA					34)	1
	ity					1
County Anne Arundel Village or City Crownsville State Hospital No. Length of residence in city or town where death occurred yrs 2 mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Rachel Hayward (Slade) (a) Residence: No. Baltimore City, Md. St., Ward. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS D. SEX Female 4. COLOR OR RACE Baltimore City, Md. St., Ward. (Usualplace of abode) The Prived 21. DATE OF DEATH (Month) (Day) (Wear) 12. 1 HEREBY CERTIFY, That I attended deceased from November 6 19 31, to January 12, 1932. 1 HEREBY CERTIFY, That I attended deceased from November 6 19 31, to January 12, 1932. 1 Isast saw her alive on Tan. 12 1932. death is said to have occurred on the date stated above, at. 5: 10Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		Ward				
Lengt	th of residence In cit	ty or town where de	eath occurred			
2. FUL	L NAME	Ra	chel Ha	yward (S	Slade)	
(a)	Residence: No	Ba			d. St., Ward. If nonresident give city or town and	State
PE	RSONAL AN	D STATISTI				
			OR DIVORCE	D (write the word)	January 12th	, 193_ 2
HUSBA	ND of		'n			
. DATE OF	BIRTH (month, day	y, and year) 1	900	Part I	I last saw h en alive on Tan. 12 ,19 32	.; death is said
. AGE	Years	Months	Days			
	32	Unk	nown		were as follows:	Date of onset
9 Indi	kind of work done, SAWYER, BODKKEE ustry or business in	as SPINNER, PER, etc which	Leundr	ess	Cereoro spinal syphilis	
10. Date	e deceased last wor this occupation (mo	rked at	spa	nt in this		-
		Mar	yland		92	?
13. NA	ME Wil	liam Ha	ywood,	dead		
-		own)I	ar yland			
15. MAI	DEN NAME	Ella	Johnson			:
		own)	rginia		Where did injury occur?	
				vland.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE,
	IMI O	Wrun (()	15 1932		
19. UNDERT	AKER Q	fores		**	24. Was disease or injury in any way releted to occup tion of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrits EIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
FEB 3 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

Eve	CIA	E S	
RD.	五	stat	
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ev.	PH	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	
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EN	TI	ed.	
AN	C	Ssiff	
RM	X	cla	,
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Y S	ate	rope	rtif
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1. PLACE OF DEATH County Anne Arund	el		Desistation Diet No.	00
Village or City West Anna	polis		Registration Dist. No. No. St., death occurred in a hospital or institution, give its NAME instead of street and nu. ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Edna Cl (a) Residence: No. Wardo	aire Smi ur, Md.		St., Ward.	
PERSONAL AND STATIST			If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED Sing	(write the word)	21. DATE OF DEATH Jack of (Month) (Day)	193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY. That I attended de	
6. DATE OF BIRTH (month, day, end year) J 7. AGE Years Months	an. 14. Days 21	1931. If LESS than 1 day, hrs.	to have occurred on the date stated above, at 5 ni. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is sai
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	None	or min.	auch Wefhrit.	Date of onse
work was dome, as SILK MILL, SAW MILL, BANK, etc	11. Total tin span occup	me (years) t in this pation	Premary burn caused by boiling, soup	
12. BIRTHPLACE (city or town) Wardou (State or country)	r, Md.	Va,	Other Contributory Causes of importance:	
13. NAME H. Buckner S 14. BIRTHPLACE (city or town) Nort		na	Name of operation	1 201
(State or country)	rr •		What test confirmed diagnosis? Was there an aul	opsy?
15. MAIDEN NAME Edith A. 16. BIRTHPLACE (city or town) Anna (State or country)		1d.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
17. INFORMANT H. Buckner (Address) Wardour,			(Specify city or town, county and State) Specify whether Injory occurred in IMDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff	V	5, , 1932	Manner of injury	
19. UNDERTAKER John M. Tay (Address) Annapol		· · · · · · · · · · · · · · · · · · ·	24. Was disease er injury in any way related to occupation of deceased?	
20. FILED Jun 5 , 193 2	7669	7 Registrar.	(Address) Augusting O. S. No. 1.	M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial neph		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago	
	FEB 3 1932				
Other contributory ca	nuses of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Gallstones	EURFAU V. S.	May 1,1923		:e:	

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County! Registration Dist. No. Village or City (If death occurred in a pospital or institution, give/its NAME instead of street and number) How long in U. S. if of foreign birth? ... Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (ownize the word) Karrens (Day) (Month) (Year) 5a. If married, widowed or divorced HUSBAND of BY CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) // A 7. AGE Yaars Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows or____min. Date of onsat Trede, profession, or particular NO kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc... OCCUPAT 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, atc 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) spant in this occupation. Other Coutributory Causes of importance:

12. BIRTHPLACE (city or town balers Causty, M (State or country)

13. NAME LOW Smith

14. BIRTHPLACE (city or town)

15. MAIDEN NAM Curis Q. Sinell

17. INFORMANT AND MANUELLE MAN

Date

20. FILED Jan 23, 1932 Joseph . Fry or Mint.

Where did injury occur?______(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased? YY J

(Signed) Wally H Ho

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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TION is very important. See instructions on back of certificate.

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STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL	OI.	MIVIL	עוור.	CLIVIII	CALL		DEALL

	STATE OF MARTLAND	CERTIFICATE OF DEATH	
1	. PLACE OF DEATH		
	County	Registration Dist. No. 27	
	Village or City Atmospotes Md:	No. 9 Coteda ave st	Ward
	Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and non-control of the death of the death of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in a hospital or institution, give its NAME instead of street and non-control of the death occurred in	
	5 10 1 000	land The	3u3.
F	2. FULL NAME / (schara Ctellin &	71111111	
	(a) Residence No. 9 Corea (Visual place of abode)	St., Ward. If nonresident give city or town and S	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH Q	
	Mala Col OR DIVORCEO (write the word)	(Month) (Oay)	193 2
5a.	If married, widowed, or divorced HUSBANO of	(month) (bay)	(Year)
	(or) WIFE of	22. I HEREBY CERTIFY. That I attended d	eceased from
6.	OATE OF RIRTH (month, day, and year) MAROL. 17 1928	7/ 1	death is said
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.43 Pm.	
	3, years 10.9 - 29 1 day,hrs.	The PRINCIPAL CAUSE OF QEATH and related causes of Importance were as follows:	
7	8. Trede, profession, or particular	0 17.6	Date of onset
01	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fightheria	nes per
OCCUPATION	9. Industry or business In which work was done, as SILK MILL,	, ,	
S	SAW MILL, BANK, etc		
ō	10. Date deceased last worked at this occupation (month end year)		
	annahot ind	Other Cautributory Causes of importance:	
12.	(State or country)		
2	13. NAME William Smith		
FATHER	V111006-80	Name of operation	
FA	(State or country) Alabama	Name of operation	ilaneu?
MOTHER	15. MAIDEN NAME Lousia Stewart	23. If death was due to external causes (VIOLENCE) fill in also the following:	
01	16. BIRTHPLACE (city or town) Chinafiolis Ind.	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)	Where did injury occur?	
17.	INFORMANT Mrs I Stewart	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR REMOVAL		
10	Place Brews hill Date 19. 1932	Manner of injury	
1	2 11 10 0 1	Nature of Injury	
19	UNDERTAKER & H B Parker (Appress) 47 Washington 51	24. Was disease or injury in any way related to occupation of deceesed?	
1	(myless) / / www.yer	If so, specify (Signed)	M. D.
20.	FILED Max 1, 1932 Fray We Try en Cas	(Signed) (Address) (Aud 106 2	······································
R		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage FEB 3 1932	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STA	CATEMENTS BY	PHYSICIAN
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V. S. No. 1

properly classified.

PHYSICIANS should state Exact statement of OCCUPA- STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(59)
County Anny Houndel	Registration Dist. No.
Village or City Glen Pournio	ModAuffauf St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JERRY Dowden	
(a) Residence: No. (/ Schowlintow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That Pattended deceased from
Kuisa prowar	7 4 WV L., 1952, to J J WW., 1932
6. DATE OF BIRTH (month, day, and year)	I last s(w h) alive on 19.3 2; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 / ormin,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Diaveus raurus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and	
11. Total time (years) spart in this occupation and the occupation occupation	
12, BIRTHPLACE (city or town) Anna Asundel Co	Other Coutributory Causes of importance:
(State or country) Mary Land	
13. NAME Datthal snowden	
13. NAME DATE Snowden 14. BIRTHPLACE (city or town) Language 14. Color or country)	Name of operation
(State of Country)	What test confirmed diagnosis? - hope was there an au opsy? Ma
15. MAIDEN NAME Sydia Matthews 16. BIRTHPLACE (city or town) ATTA ATTACK (State or country)	23. If death wes due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TOOTHER TOMORDER AND CONTROL OF THE C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Ploternaul Franch Date / 2/10 419	Nature of injury
19. UNDERTAKER Fraial & Brown & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) 108 W montgomen st	If so, specify()
20. FILED / 2 d , 1939 of see Ceral Regular	(Signed) (Address) Linguistic Market

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows: EB 6 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UREAU V 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

20. FILED

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country

CREMATION, OR REMOVAL

edar

Bluff

John M. Taylor Annapolis, Md

(State or country)

13. NAME

FATHER

MOTHER

Stevens

Annapolis Maryland

Md.

Maryland

Julia Stevens Green Street

Stephens

should state

OCCUPA.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		78)
County Anne Arund e	1	Registration Dist. No. 21
Village or City Annapo	(li	No. 196 Green St., St., 2nd Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME A Warren		
(a) Residence: No. 196 Gre	en Street (Usual place of abode)	St., 2nd Ward. If nonresident give city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF PEATH (Month) (Day) (Year)
5a. If married widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended decessed from 1932, to 1-8
6. DATE OF BIRTH (month, day, and year) M8	arch 15, 1906	I last saw h. www alive on 1 - 8 ,1932; death is said
7. AGE Years Months	Deys If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER. C. SAWYER, BODKKEPER, etc	Lineman with co.	Enæphalitis (Cause unknown) 1-5-32/
To. Date deceased last worked at this occupation (month and year)	I1. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Anna po	olis aryland	Other Contributory Couses of Importance:

ł					
I	Name of operation		Date of		
	What test confirmed diegnosis?	Was	there an	autopsy?	10
ŀ					

23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?... Where did injury occur?..

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury	 	 	 	
Natura of injury				

24. Was disease of	or injury in	any way related to occupation	of deceased? no
If on engeify	1		, ,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II VED		Example II	
The principal cause of death and related causes of importance were as follows: 3 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritistic REAU V.S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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should state

STATE OF MA	ARYLAND-CERTIFICATI	F OF DEATH	66171
SINIE OF MI	ANIEAND CENTILIOATI	- OI DEAIII	0018

	OF DEATH				(34)	
County	Anne Aru	ndel			Registration Dist. No.	
Village or	city Crow	msvill	e Stat	e Hospit	₺ 】 No St.,	Ward
Length of r	esidence In city or to	own where death	occurred		death occurred in a horpital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?	
2. FULL N	AME C	ordeli	a Stev.	art		
		alt imo	re Cit	y. Maryl	ansl., Ward.	
			(Usualplace o	of abode)	If nonresident give city or town and State	D.
	NAL AND S				MEDICAL CERTIFICATE OF DEATH	
s. sex female	black		or divorced Single, mark	(write the word)	21. DATE OF DEATH January 22nd (Month) (Day)	3_2 (Year)
5a. If married, wid HUSBAND of		Buch			22. I HEREBY CERTIFY, That I ettended dece	and from
(or) WIFE of	9-				January 8 1932 to January 22	19 32
6. DATE OF BIRT	H (month, dey, and)	year)	1898	3	last saw her alive on January 22 19 32; de	ath is said
7. AGE		Months	Days	If LESS than	to have occurred on the date stated above, at 3:40 km.	
	33	Unk	nown	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	te of onsat
8. Trade, pro	ofession, or particular of work done, as SP	INNER. TIO	usewor	k	Exhaustion due to prolonged	
	ER, BOOKKEEPER, e or business in which	PC			menia	a.da.s
SAW I	or business in which was done, as STLK A MILL, BANK, etc		1			
	eased last worked a ccupation (month an	t d		t In this		
year)		Maryl		pation	Other Cuntributury Causes of importance:	0
12. BIRTHPLACE (State or o					Lues	
13. NAME	John H	lenry S	tevert			
13. NAME 14. BIRTHPLA	ACE (city or town)	Mary	land		Name of operation Date of	
- (State	or country)			77 11	What test confirmed diagnosis? ————— Was there an autop	sy?
15. MAIDEN	NAME ME			Heath	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
	CE (city or town)	Maryla	na		Accident, suicide, or homicide?	, 19
- (State	or country)	tal Rec	0 27 0		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)		nsville		land	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREM	ATION OR REMOV	AL	1/3	5 35	Manner of injury	
Place	Carre	The state of the s	ate		Nature of injury	
19. UNDERTAKER	Danl	6ac	low		24. Was disease or injury in any way related to occupation of deceased?	
(Address)	16-Pen	a dire	-Oak	o-tud	If so, specify	
20. FILED OU	22.32	28/	1	Registrar.	(Signed) (Signed) (Address) Grownsville, Maryland	71. D.
			10 C	Aegistrar.	" Chooless)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	alternative and the second	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Company how company	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY P. C.A. S should state CAUSE CF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. RECORD BINDING PERMAN FOR K S INK--THIS MARGIN RESERVED UNFADING ITH AINLY WRITE

No.

V. S.

TEB

County Come County	CERTIFICATE OF DEATH
County	Registration Dist. No. 23
Village or City Shar Bure (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white single, wildowed and med (Write the word)	16 DATE OF DEATH , 192 , 192 (Month) 20 (Day) 3 % (Year)
6 DATE OF BIRTH Oct (Month) (Day) (Year)	that I last saw h fine alive on
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work Carpentus (b) General nature of industry	Chrome Ingo car deti- Chwine Julisto teal Highwith
business, or establishment in which employed or (employer)	Contributory Carlas Karresh of
10 NAME OF CESME Crunde Co HIG FATHER COSPORE CO Stewart	(Signed) (Signed) (Address) (Address) (Signed) (Address) (Address)
OF FATHER (State or count (y)) worded Co M4	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER arch Com Stemate 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Address) Slan Burnie Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Novari Cemelra Jan 23, 1932
15 Filed Jan 2/ 1932 James & Carragon	20 UN DERTAKER ADDRESS
If more b.anks are needed, addre.s Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate oecupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed er," etc., nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation Farm laborer, Luborer-Coul mine, etc. Womwithout more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DISEASE (*103:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely "Uraemia, ""Weakness," etc., when a definite disease "Atrophy." "Collapse," "Coma," "Convulsions, Chronie valvular heart disease; nephritis, etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 60172
1. PLACE OF DEATH	
County Anne Arundel	Registration Dist, No.
Village or City Magothy River	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Sallie A. Stinchcomb	
(a) Residence: No. Magothy River, A.A.Co., (Usual place of abode)	Mare. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. A. Stinchcomb	22. I HEREBY CERTIFY That t attended deceased from 22. Line 2 19 3 2 10 Line 2 1 19 3 2
6. DATE OF BIRTH (month, day, and year) August 10, 1844	Mast saw her alive on January 10, 19/32 death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
87 5 1 or	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 7. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and this property).	arebral Henenhage 1-2.32
O Oate deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) A. A County (State or country) Maryland	Other Coatributory Causes of importance: (Vrterio Sclerosis.
13. NAME Thomas W. Adams	
13. NAME Thomas W. Adams 14. BIRTHPLACE (city or town) A. A. County (State or country) Maryland	Name of operation
15. MAIOEN NAME Sophie Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Sophie Johnson 16. BIRTHPLACE (city or town) A. A. County (State or country) Maryland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Everett Warren (Address) Magothy River, A.A.Co., Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL QQ Place St Margarelo Co Mapate Jan. 13, 1932	Manner of injury
19. UNDERTAKER John M. Taylor (Address) Annapolis, Maryland	24. Was disease or injury in any way related to occupation of deceased? 240
20. FILEO fam 12 , 1932 fray 6 C. Jay a mag. Registrar.	(Signed) Ground Capalin D. (Address) Aurapoles M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage TEB 3 1932	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.		0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

PLACE OF DEATH	STATE OF MARYLAND
County Anim Amore	@ CERTIFICATE OF DEATH
B.	Registration Dist. No. 20
Village or City Telesules (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE SINGLE, WILDOWED, OR STVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Jany Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to Jan 192 that I last saw here alive on Jan 1922
yrs. mos. 2 ds. lfLESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Darticular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Coles
9 BIRTHPLACE (State or country) Md	Secondary (Duration) yrs
10 NAME OF FATHER JESOME June	(Signed) Morley (Address) West Pin 192.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Rosa Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence
(Informant) Jalesville MA	Daniel Star Cometer Man 2, 1932
Filed 1931 D.A. Garton Registrar	2. alvi Harry Greenille
If were how he are morded address State Posietron	16 W. Saratora St. Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary, may be entered as Housewije, Housestate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the sary to know Foreman, For many occupations a single word or term on or At Home, and children, yrs . . For persons Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. The material who have no occupation not gainfully em-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e. g., scpsis, approved by 'tetanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Ulu Age,
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, or intercurrent) affection need not be " "Marasmus," "Old Age," "Shock," Committee on Chronic etc. The valvular heart disease; Nomenclature contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

County Am Trundel	CERTIFICATE OF DEATH
4	Registration Dist. No.
Village or City Lyon Creek (No	St.: Ward) (If death occurred a hospital or into tion, give its NAM stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A SEX 4 COLOR OR RACE 5 STREET. MARRIED. MARRIED. MIDDWED OR STYDRED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased 1929 to 3 , 19 that I last saw har alive on See f. , 19
7 AGE If LESS that I day hrs or min.	The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Calcutte 10 NAME OF	Contributory Contributory (Duration) Juga Market Mos. (Duration) Juga Market Mos. (Duration) Juga Market
FATHER Dory Walks 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
OF MOTHER Warah Walkins 13 BIRTHPLACE OF MOTHER (State or country) Calvut Cas Mid	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs
(Informant) Cla & fames. (Address) Alliero R. M.d.	Former or usual residence
Filed 1/31 192 MT Clayton Deep Registras	20 UNDERTAKER Robert Hood. Freudships

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2.0

(If death occurred in a hospital or institu-Ward) tion, give its NAME is - stead of street and

Balto., Requesting V. S. No. 1. If more branks are needed, addre-s Ltate Regist

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write Nonc. tired 6 yrs. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in doniestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on, may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, For many occupations a Farm laborer. Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on -Coal mine, etc. not gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Hacmorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ingcs, perilonaeum, etc., American Medical Association.) approved by Committee on (Recommendations on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY interstitial nephritis, Chronic statement of cause of Carcinoma, Sarcoma, etc., of valvular heart disease etc. The Nomenclature contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

st C	1. PLACE OF DEATH		92.00	
E 5/	County Anne Arundel		Registration Dist. No.	1
should occ	Village or City Annapolis		ND. 3 Cathedral St,	Ward
	Length of residence as city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. it of foreign birth?	
PHYSICIANS ict statement	2. FULL NAME James W. Watkin			VO
SICI	(a) Residence No. 3 Cathedral St		St.,3rd Ward.	
HYS:	(Usual place of	abode)	If nonresident give city or town and	State
Exact	PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
7	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED WILLOW	(write the word)	21. DATE OF DEATH	, 193 Z (Yaar)
X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugenia		22. I HEREBY CERTIFY That I attended	deceased from
	6. DATE OF BIRTH (month, day, and year) NOV . 6. 1	846		; death is sald
P-3	7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at	
stated properl ertifica	86 2 16	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
be s of ce	8. Trade, profession, or particular kind of work dona, as SPINNER, Waterma	d n	Waly Hour Disease	1 72
ould be may be back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
s sh t it on	10, Data deceased last worked at this occupation (month and year)	e (years) in this		-
pplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) A. A. Co., Md. (Stata or country)		Dther Contributory Causes of importance:	
rms, nstr	13. NAME Gassaway Watkins		arlino-Selima	30
be carefully supplied EATH in plain terms, important. See instru	14. BIRTHPLACE (city or town) A. A. CO., M. (State or country)	d.	Name of operation Date of Was there an :	
it.	15. MAIDEN NAME Unknown		23. If death was due to axternal causes (VIOL ENCE) fill in also the following	
be careful EATH in p important.	16, BIRTHPLACE (city or town) Unknown (State or country)		Accident, sulcide, or homicide? Date of injury	
PON	17. INFDRMANT Benjamin Watkins (Addrass) 3 Cathedral Street		(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
7	18. BURIAL, CREMATION, DR REMOVAL Place St. Annes Date Jan.	25, 19 32	Manner of injury	
cause CAUSE TION is	19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.		24. Was disease ar injury in any way related to occupation of deceased?	
X	20. FILED Jun 19, 1932 fragh c. fr	Ce Incl. Registrar.	(Signed) fry 6 C. The confidence of the confiden	M. D
	If more blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V 8			
Other contributory causes of importance:	,	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	940 (0176
county Ame tounded	Registration Dist. No. 23
Village or City Severn	NoSt.,Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME Mary Louisa Disney	Natts-
(a) Residence: No. Severn - Mary/and (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 Change (Month) (Day) (Year)
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Arthur Algander Watts	22 May 1929 to 20 Jan 1932
6. DATE OF BIRTH (month, day, and year) 28 March 1865	I last saw har elive on 14 January, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, a
66 9 123 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Cardio-Vascular Disease
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lastworped at this occupancy (profit and the company) of the same company of the same c	
10. Date deceased last worked at this occupation this worked at this occupation the and the occupation the spent in this war.	
franchis 1.10 L	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Mingina
II 13. NAME Wesley Visney	
13. NAME Pesley Tieney 14. BIRTHPLACE (city or town) Armetolinde Co	Name of operation None Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Narfield 16. BIRTHPLACE (city or town) Armo Arundul Co MA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Amo Houndel Co MA	Accident, suicide, or homicide?
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUSLY OF ACCOUNTY (Address) Sandam - Manager	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nory
Place Detall Cull Date any VV, 19 3	Nature of Injury.
19. UNDERTAKER ASICICISES HOUSE	24. Was disease op-injury in any way related to occupation of deceesed?
(Address) VA MA A LILLIUM	if so, specify
20. FILED 1-22, 1932 Caldwell Woodruf	(Signed) WWW Works JAN M. D. (Address) Linthicum Adolts JAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	- ;
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9:0
County a.a.	Registration Dist. No. 27
Village or City annapole 5 and	No. 201 West St., 3 Ward
Length of residence In city or town where death occurred 50 yrs.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Jamese Who	ever the same of t
	St. 3 Ward.
(a) Residence: No. 2 (0) (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22
1 col marrie	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A // HEREBY CERTIFY, That I attended deceased from
(or) WIFE of William. When	Tan 2 1932 10 Jan 22, 1932
6. DATE OF BIRTH (month, day, and year) Westerson 1882	Most saw il der alive on Yan A 2 , 19 3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated/above, at. 14-36/-m.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DRATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife. SAWYER, BODKKEPER, etc.	apoflexy they
kind of work done, as SPINNER, Journal Muffers SAWYER, BODKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this eccuration (months and this programming from the single state).	1932
work wes done, as SILK MILL, SAW MILL, BANK, etc.	[
Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dither Contributory Causes of importance
12. BIRTHPLACE (city or town). ana a footis one	aller relente Calde
(State or country)	Mules delle
14. BIRTHPLACE (city or town)	7,6
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
II.	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?
O I 6. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
17 INFORMANT William when	(Specify city on town, county and State) Specify whether injury occurred in INDUSTRY, in HD/(E, or in PUBLIC PLACE.
(Address) and apolis and	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date Date 1992	Nature of injury
19. UNDERTAKER BCZ Hopsform 9.	24. Was disease or injury in any way related to occupation of deceased?
(Address) annaportos. Obla.	If so, specify
20. FILED Jan 24, 1832 Jusy 6 6 . 2 a Mon	(Signed) My My My My My D
Registrar.	(Ardress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 3 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Village or Cil Villag	stration Dist. No. 21
Z = 100 long in old of total while the death occurred 115.	
Length of residence in city or town where death occurred yrs, mos. ds How long In U. S. if of foreign by 2. FULL NAME (a) Residence: No. /// We Kendise Ove St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICAL	nresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFIC	ICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Marked Month)	30 ,193 2 (Yaar)
E Carl C. Volule Jan 70 19 32	RTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 30 1884 I Jast saw h. W alive on	
7. AGE Yaars Months Days If LESS than to have occurred on the date safed above, at 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which	hage 1/20/32
this occupation (month and spent in this	
State or country)	
13. NAME Villeam E. Perry 14. BIRTHPLACE (city or town) Q Q Co Md. Neme of operation Neme of operation (State or country), What test confirmed diagnosis?	
14. BIRTHPLACE (city or town) Q Q Co Md. Neme of operation Neme of operation What test confirmed diagnosis?	.1 .
15. MAIOEN NAME Scellie Crandell 23. If death was due to axternal causes (VIOLE 16. BIRTHPLACE (city or town) Q Q Co Md (State or country) Where did Injury occur? (Specify or town) Company occurs of the country occurs of the country occurs of the country occurs of the country occurs oc	
Specify whether injury occurred in INOUSTR (Specify whether injury occurred in INOUSTR (Address) 18 BUBLAL CERMATION OF PEMOVAL	ry city or town, county and State) RY, in HOME, or In PUBLIC PLACE.
Manner of injury	
19. UNDERTAKER John M. Jaylor 24. Was diseasa er injury In any way related to (Address) If so, specify	to occupation of deceased? None
20. FILED II. 1932 Joyh G. Fred (Signed) Wallon III. Registrar. (Address) Quarage	Hoffens M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of conset
Atterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB 3 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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REVISED CERTIFICATE OF DEATH UNITED STATES STANCARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealwhatever, write Nane. report specifically the occupations of Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, m.s). without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation Laborer--Coul mine, etc. Wom-(6) also (b) the persons en-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-"uphoid fever (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemie cerebropneumonia, Bronchopneumonia

> "Exhaustion," "Heart Induct,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hzemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., o diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. eausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, carbolic acid-probably suncide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid cough; by Committee on Chronic valvular heart disease, Example: Measles (disease etc. The contributory Nomenclature Always qualify all Measles,

answered in detail, it will prevent further correspondence. A l the permanently filed. If this certificate is looked over thoroughly and all questions